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School Health Education Profile

The Status of Health and HIV/AIDS Education in Montana Schools

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MONTANA 1996 SCHOOL HEALTH EDUCATION PROFILE

The Status of Health and HIV/AIDS Education in Montana Schools

October 1996

Submitted to:
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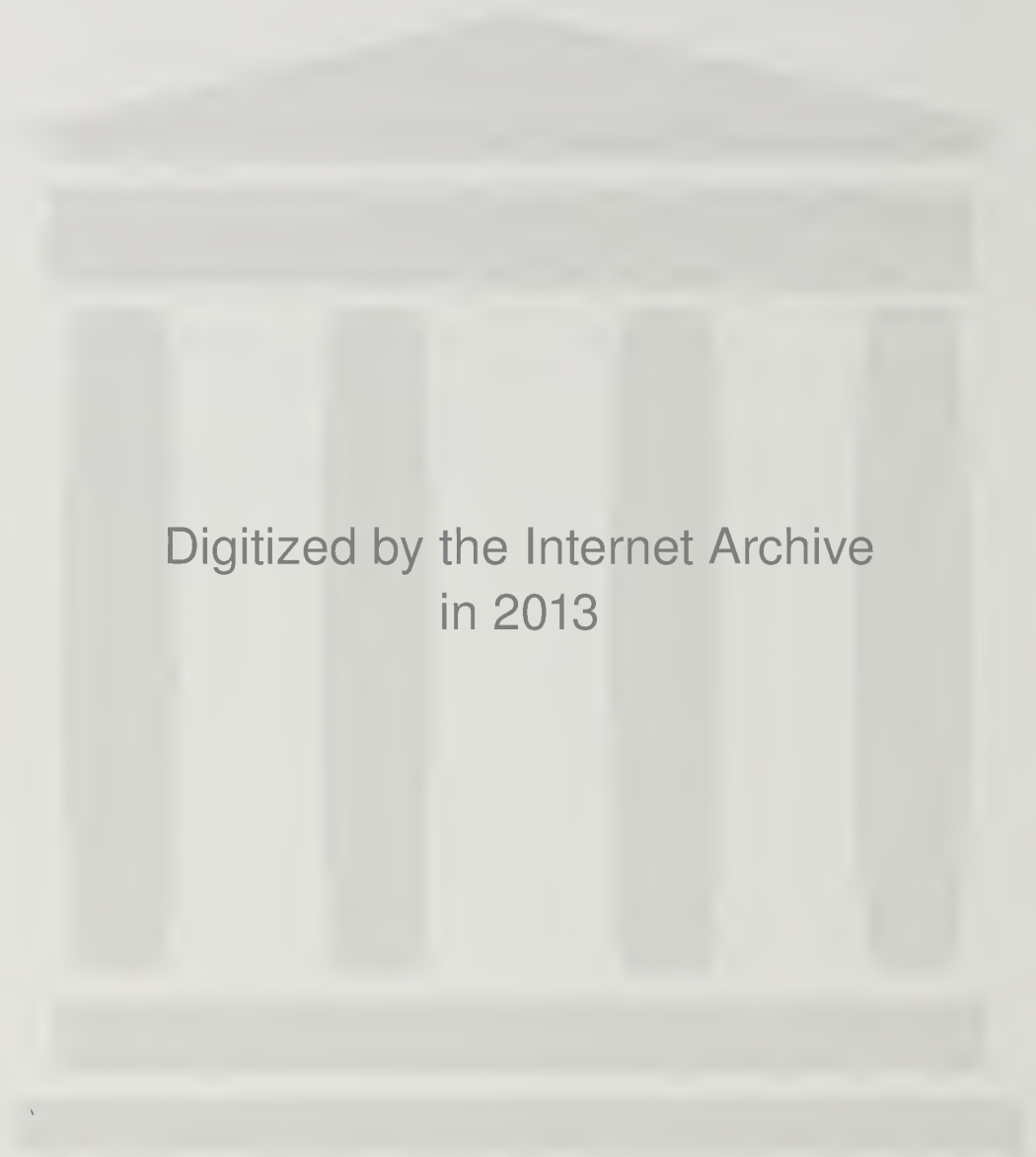

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I. INTRODUCTION

The Montana Office of Public Instruction's (OPI) HIV/STD Education Program, through a cooperative agreement with the Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health Promotion, U.S. Centers for Disease Control and Prevention (CDC), provides assistance to schools and other youth service agencies to strengthen comprehensive school health education to prevent human immunodeficiency virus (HIV) infection, sexually transmitted diseases (STD), and other important health-risk behaviors and problems. Specific activities that OPI is responsible for under the cooperative agreement include:

- establish, strengthen, or expand HIV prevention education, especially in grades 9 through 12, and integrate such education into existing health education;
- establish, strengthen, or expand STD prevention education and integrate such education into existing health education;
- establish or strengthen systematic procedures to monitor current status of health education and of behaviors that put youth at risk for important health problems;
- evaluate program effectiveness in meeting objectives;
- collaborate with school districts, state and local health organizations, and other appropriate organizations and individuals to develop, implement, and evaluate HIV and STD prevention education activities; and
- share information about effective programs and materials with CDC and with other interested recipients through electronic databases, bulletin boards,

national conferences, and participation in CDC-sponsored training and demonstration workshops.

Program requirements call for monitoring (at least every two years) the number and percentage of schools that provide education to prevent important health-risk behaviors as part of a comprehensive school health program, and the number and percentage of students at each grade level that receive such education as part of comprehensive school health education.

In July 1995, OPI contracted with Dodge Data Systems, Inc. of Helena to conduct a survey of Montana school administrators and lead health educators to fulfill the requirements of the DASH program and to gather information regarding the status of HIV education in Montana. The School Health Education Profile Survey was conducted in March 1996 with all seventh and eighth grade schools and high schools in Montana that had an enrollment of 25 or more students. Approximately 85 percent of the eligible schools responded to the survey.

This report discusses the "best practice" indicators of what makes a health enhancement program effective. Health enhancement, the term used in the Montana School Accreditation Standards and Procedures, is synonymous with comprehensive school health education; the terms are used interchangeably in this report. The indicators discussed in this report can guide health enhancement program development toward achieving best practice.

This report is divided into three sections:

- **Infrastructure** which addresses those areas providing the foundation for program development,

- **Organization** which deals with how the program is organized and implemented by school administration and teaching staff, and
- **Support** which includes ongoing staff development, community involvement and additional resources.

Survey results related to the infrastructure, organization, and support of school health education are presented in three parts: 1) an overview of the importance of each area, 2) summary statements from the U.S. Centers for Disease Control related to the rationale supporting the development of the questionnaire, and 3) highlights of the 1996 Montana School Health Education Profile Survey.

Appendices A and B to this report contain the responses to the questionnaires and the frequency distributions for middle and high schools principals. Appendices C and D contain frequency distributions to questionnaires completed by middle and high school lead health education teachers.

II. SURVEY METHODS

DESCRIPTION OF THE SCHOOL HEALTH EDUCATION PROFILE SURVEY

The 1996 School Health Education Profile Survey consisted of two questionnaires; one for principals and one for lead health education teachers. The principals' questionnaire examined health education and HIV education from an administrative perspective, while the lead health educators' survey looked at health education from an instructional viewpoint. The surveys were developed cooperatively by the Centers for Disease Control and Prevention (CDC) and state and local departments of education to monitor the status of school health education, including education to prevent HIV infection, sexually transmitted diseases, and other important health problems at the middle and senior high school levels. The 1996 survey instruments consisted of 23 questions related to administration of health education and 23 questions related to instruction.

SAMPLE SELECTION PROCESS

All public and private schools in Montana with students in grades 6 through 12 and with 25 or more students in the school were eligible to be selected for inclusion in the sample. Three hundred twelve schools elected to participate in the survey. The weighted results presented in this report are based on the opinions of the principals and lead health educators participating in the sample; however, the results can be used to make inferences concerning health education in all schools in Montana with 25 or more students in middle school or high school grades.

Superintendents of school districts were contacted during November 1995 to obtain approval

to approach principals of schools about the survey. Sufficient time was allowed to gain school board approval and to answer any questions about the survey. Surveys were administered during March 1996 and returned to OPI for further processing.

SURVEY VALIDITY AND LIMITATIONS

A weighting procedure was performed to reduce bias by compensating for differing patterns of nonresponse and to reflect the likelihood of sampling each school. The weighted results contained in this report can be used to make inferences concerning health education in Montana schools with grades 6 through 12 and an enrollment of 25 or more students. The estimated error rate, using a normal approximation, is less than five percent.

III. SCHOOL HEALTH EDUCATION PROFILE

COMPREHENSIVE SCHOOL HEALTH EDUCATION

Establishing school health programs to prevent important health problems and health-risk behaviors among youth is an important component in the development of comprehensive school health education. Local education agencies should plan, implement and periodically evaluate their district's health enhancement program to ensure the program provides the skills young people need to reduce or prevent health problems. Effective comprehensive school health education should focus on reducing behaviors that place youth at risk for important health problems, which include sexual behaviors that lead to HIV infection, other STDs and unintended pregnancies; tobacco use; sedentary lifestyles; improper nutrition; intentional and unintentional injuries; and alcohol and other drug use.

Key elements of a local education agency's plan for implementing comprehensive school health education should include:

- **Policy:** adopting and implementing age and developmentally appropriate comprehensive school health education in all grades served by the local education agency.
- **Curriculum:** developing, strengthening and implementing planned, sequential, skills-based comprehensive school health curricula intended to prevent behaviors that will result in health-risk behaviors among youth. Curricula should conform to accepted practice guidelines and have credible evidence of effectiveness in impacting the health behaviors of young people.

- **Teacher Training:** providing staff development for teachers to acquire the skills they need for effectively delivering skills-based health education curriculum.
- **Classroom Implementation:** working toward the effective delivery of comprehensive school health education curricula in the classroom.

CDC's operational definition of a comprehensive school health education program includes the following key elements:

1. a documented, planned, and sequential program of health education for students in grades kindergarten through 12;
2. a curriculum that addresses and integrates education about a range of categorical health problems and issues (e.g., HIV infection, drug abuse, drinking and driving, emotional health, environmental pollution) at developmentally appropriate ages;
3. activities to help young people develop the skills they will need to avoid: (a) behaviors that result in unintentional and intentional injuries; (b) drug and alcohol abuse; (c) tobacco use; (d) sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancies; (e) imprudent dietary patterns; and (f) inadequate physical activity;
4. instruction provided for a prescribed amount of time at each grade level;
5. management and coordination in each school by an education professional trained to implement the program;
6. instruction from teachers who have been trained in the subject;

7. involvement of parents, health professionals, and other concerned community members; and
8. periodic evaluation, updating, and improvement.

This definition distinguishes effective skills-based HIV/AIDS education and comprehensive school health education programs from HIV/AIDS awareness presentations and superficial health courses.

To determine the extent and quality of school health and HIV education in Montana, OPI conducted a survey of all schools with 25 or more students providing education to students in grades 6 through 12. The 1996 Montana School Health Education Profile asked school principals and lead health educators questions related to the implementation, organization, structure, and support of health education in their schools. In addition, questions were asked relating to whether health education was taught by personnel trained in health education, delivered primarily in classroom settings similar to other required courses, and whether they focused on skills necessary to avoid certain health risks.

The School Health Education Profile questionnaires for principals and lead health education teachers were developed by the Division of Adolescent and School Health, National Center of Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention in collaboration with representatives of state, local, and territorial departments of education.

SCHOOL HEALTH EDUCATION INFRASTRUCTURE IN MONTANA

Overview

Successful educational programs need an infrastructure within which the program operates. The infrastructure includes subject requirements, credentialing, numbers of students per class, and curriculum and assessment development. Infrastructure provides communities with the foundation from which programs can be developed to meet the particular needs and values of the community.

CDC Rationale

The following items relate to the rationale for **infrastructure** questions asked of **school principals** in the 1996 School Health Education Survey:

- *Information on implementation of health education policies at the school level is nearly non-existent. The extent to which health education is required in the nation's schools and in what grades it is taught will help monitor progress on national health objective 8.4 - to increase to at least 75 percent the proportion of the nation's elementary and secondary schools that provide planned and sequential kindergarten through 12th grade quality school health education (U.S. Department of Health and Human Services, 1990).*

- *The amount of classroom instruction devoted to health education is an important variable in determining the level and quality of health education in the nation's schools. The School Health Education Evaluation found that 40 to 50 classroom hours were necessary to affect behavior change (Connel, Turner, and Mason, 1985). The American School Health Association recommends that elementary and middle school students receive 50 hours of health education and secondary students receive 150 hours of health education (Allensworth, 1993).*

- *In addition to the amount of classroom training, it is important to measure to what extent health education has similar academic expectations as other academic courses and to what extent students are exempted from required health education. One important indicator of quality school health education is that student performance is assessed in a manner similar to other academic subjects (DeFriese et al., 1990). Having academic standards for health education comparable to other academic subjects will enhance the likelihood that schools will make a similar commitment of resources and personnel (Lavin, 1993). Furthermore, monitoring the extent to which exemption for other*

school activities results in student's lack of participation in required health education classes can facilitate the development of school policies that ensure student participation in required health education.

- *Certification or endorsement as a health educator typically requires specific training at the pre-service level and mandates continuing education. Health education taught by certified teachers is critical to the effectiveness of school health education curricula (Allensworth, 1993).*

- *Academic success is linked to physical and emotional health. Children must be healthy to learn and must be educated to stay healthy. As the school reform movement progresses, including health education in the school improvement plan facilitates its integration into the broader mission of schools (McGinnis & Degraw, 1991).*

- *The involvement of parents, community members, and other professionals is a key element of school health programs (Kolbe, 1993; Allensworth, 1993; Seffrin, 1990). Advisory councils can facilitate access to community resources and provide support for health education in schools.*

- *Effective HIV education and services in school settings are shaped by the development and implementation of policies that are responsive to the needs of the community and provide a sound basis for educational practices.*

The rationale for **infrastructure** questions asked of **lead health educators** in the 1996 School Health Education Survey are highlighted in the following:

- *School health education is facilitated by the use of teachers who have health education as a primary responsibility (Butler, 1993). Health education assignments also may indicate the level of support for health education.*

- *Certification or endorsement as a health educator typically requires specific training at the pre-service level and mandates continuing education. Health education taught by teachers trained through pre-service and continuing education programs is critical to the effectiveness of school health education curricula (Allensworth, 1993; Butler, 1993). The school Health Education Evaluation Study found that teacher training was linked to successful program implementation and effectiveness of the health education curriculum (Connell, Turner, and Mason, 1985).*

- *Expertise in developing and implementing complex curricula to increase knowledge, change attitudes, and develop skills to enhance healthy behavior requires experienced teachers who have been trained in health education methodology, theory, and practice (Allensworth, 1993). Lack of adequately trained or inexperienced teachers are major barriers to the implementation of school health education (Butler, 1993).*

1996 Montana Survey Results

A profile summary of the infrastructure of health education in Montana schools, as reported by principals and lead health educators, is listed in Table 1 (High Schools) and Table 2 (Middle Schools). Important characteristics of health education infrastructures in Montana schools are:

- Most schools (92 percent of high schools and 90 percent of middle schools) teach required health education in conjunction with physical education (Figure 1).
- Required health education is usually scheduled in grades 9 or 10 (high school) and grades 7 or 8 (middle school).
- Students are required to take one year or less of health education in 60 percent of Montana high schools and 65 percent of Montana middle schools.
- All Montana health education teachers are required to be certified by the Office of Public Instruction.
- Most often mentioned HIV/AIDS issues addressed in written policies include procedures for maintaining confidentiality, procedures to protect HIV infected students and staff from discrimination, and procedures for worksite safety (Figure 2).
- The major emphasis of professional preparation for health teachers is health and physical education.
- Forty-nine percent of lead high school health educators and 48 percent of middle school health educators have taught health education for 10 or more years.

TABLE 1
MONTANA HIGH SCHOOL HEALTH EDUCATION - INFRASTRUCTURE PROFILE

Profile Characteristic	High School Infrastructure
Placement of required health education?	Most Montana high schools (92 percent) teach required health education in conjunction with other health enhancement topics such as physical education. Seventeen percent of Montana high schools have separate courses devoted mainly to health education topics.
Separate health courses?	Fifty-two percent of Montana high schools have separate health education courses. Twenty-seven percent offer two or more separate health education courses.
In which grades is required health education scheduled?	Eighty-three percent of Montana high schools schedule required health education in grades nine and ten.
How much required classroom instruction in health education do students usually take?	Slightly more than one-half of Montana high school students (60 percent) take one year or less of required instruction in health education. Twenty-five percent of the schools have students enrolled for up to two years.
If students fail a required health education course, do they usually take the course over again?	Ninety-four percent of Montana high schools require students to retake failed health education courses. All Montana high schools require health education for graduation.
Can students be exempted from health education by parental request?	Sixty-six percent of Montana high schools allow students to be exempted from all or parts of health education courses by parental request. Of those schools that allow students to be exempted, 86 percent reported that less than one percent of the students are exempted by parental request.
Does your school have a health education advisory council?	Only 12 percent of Montana high schools have a school health advisory council. Of those schools that have councils, teachers and administrators were the most often mentioned as being members.
Which issues are most often addressed in schools' formally adopted, written policy on HIV/AIDS?	Procedures for maintaining confidentiality, procedures to protect HIV-infected students and school staff from discrimination, and procedures for worksite safety were the most often mentioned issues addressed in written school policy.
Lead health educator's primary position?	Sixty-two percent of lead health educators are health education and physical education teachers. Seven percent are primarily health education teachers.
Major emphasis of professional preparation?	Forty-nine percent of high school lead health education teachers reported health and physical education as their major emphasis. One percent listed health education as the major emphasis of their professional preparation.
Teaching experience?	Forty-nine percent of high school lead health education teachers have taught health education 10 or more years. Eleven percent reported the current year as their first year of teaching health education.

TABLE 2
MONTANA MIDDLE SCHOOL HEALTH EDUCATION - INFRASTRUCTURE PROFILE

Profile Characteristic	Middle School Infrastructure
Placement of required health education?	Most Montana middle schools (90 percent) teach required health education in conjunction with other health enhancement topics such as physical education. Sixty-six percent of Montana middle schools have separate courses devoted mainly to health education topics.
Separate health courses?	Fifty-eight percent of Montana middle schools have separate health education courses. Thirty-five percent offer two or more separate health education courses.
In which grades is required health education scheduled?	Ninety-two percent of Montana middle schools schedule required health education in grades seven and eight. Seventy-seven percent of Montana middle schools also schedule required health education in the sixth grade.
How much required classroom instruction in health education do students usually take?	About two-thirds of Montana middle school students (65 percent) take one year or less of required instruction in health education. Twenty-four percent of the schools have students enrolled for up to two years.
If students fail a required health education course, do they usually take the course over again?	Twenty-nine percent of Montana middle schools require students to retake failed health education courses. Sixty-three percent of Montana middle schools require health education for graduation.
Can students be exempted from health education by parental request?	Seventy-six percent of Montana middle schools allow students to be exempted from all or parts of health education courses by parental request. Of those schools that allow students to be exempted, 91 percent reported that less than one percent of the students are exempted by parental request.
Does your school have a health education advisory council?	Only 25 percent of Montana middle schools have a school health advisory council. Of those schools that have councils, teachers and administrators were the most often mentioned as being members.
Which issues are most often addressed in schools' formally adopted, written policy on HIV/AIDS?	Procedures for maintaining confidentiality, procedures to protect HIV-infected students and school staff from discrimination, and procedures for worksite safety were the most often mentioned issues addressed in written school policy.
Lead health educator's primary position?	Fifty-seven percent of lead health educators are health education and physical education teachers. Eight percent are primarily health education teachers.
Major emphasis of professional preparation?	Forty-nine percent of middle school lead health education teachers reported health and physical education as their major emphasis. One percent listed health education as the major emphasis of their professional preparation.
Teaching experience?	Forty-eight percent of middle school lead health education teachers have taught health education 10 or more years. Eleven percent reported the current year as their first year of teaching health education.

Figure 1

Montana Health Education Infrastructure Profile

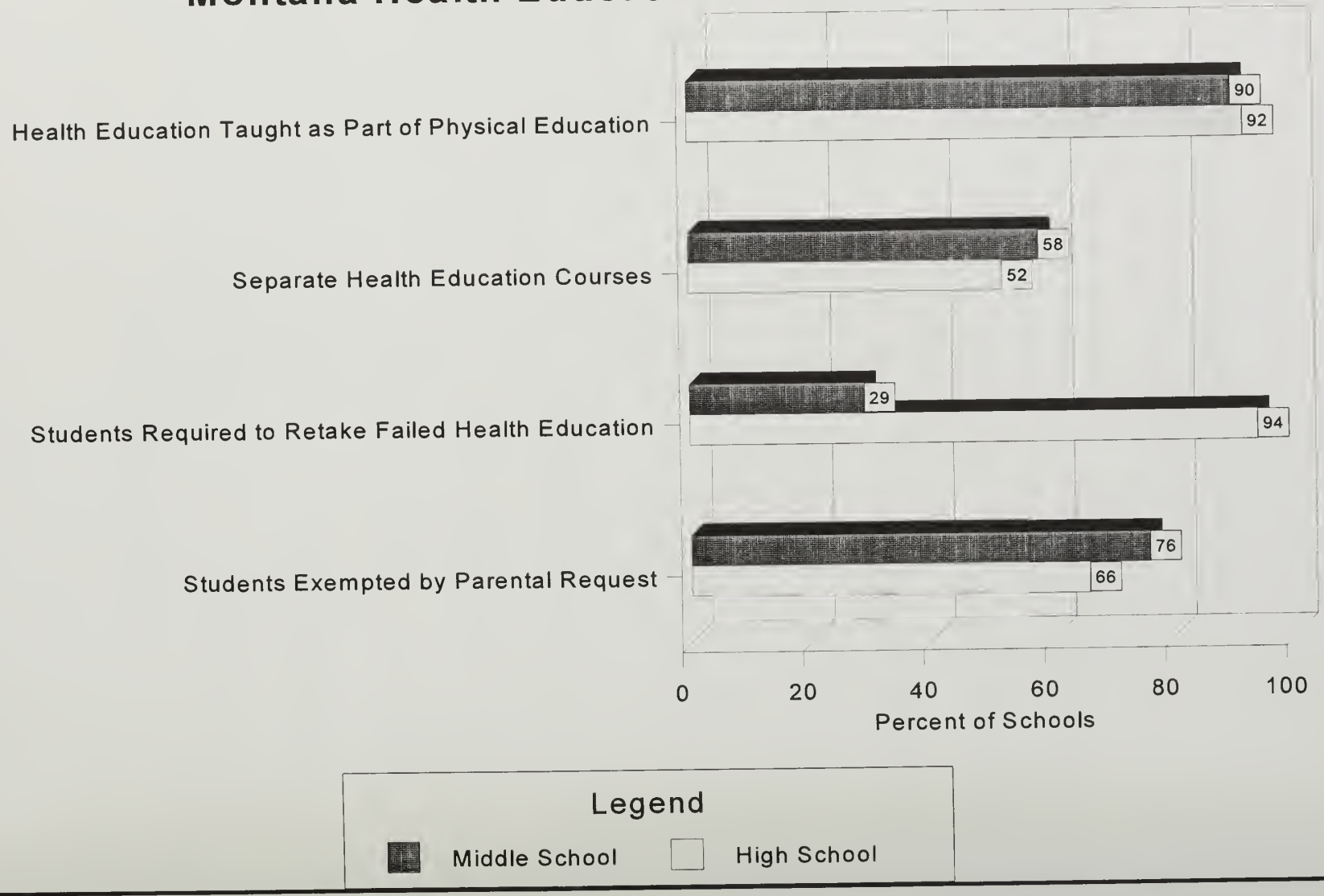
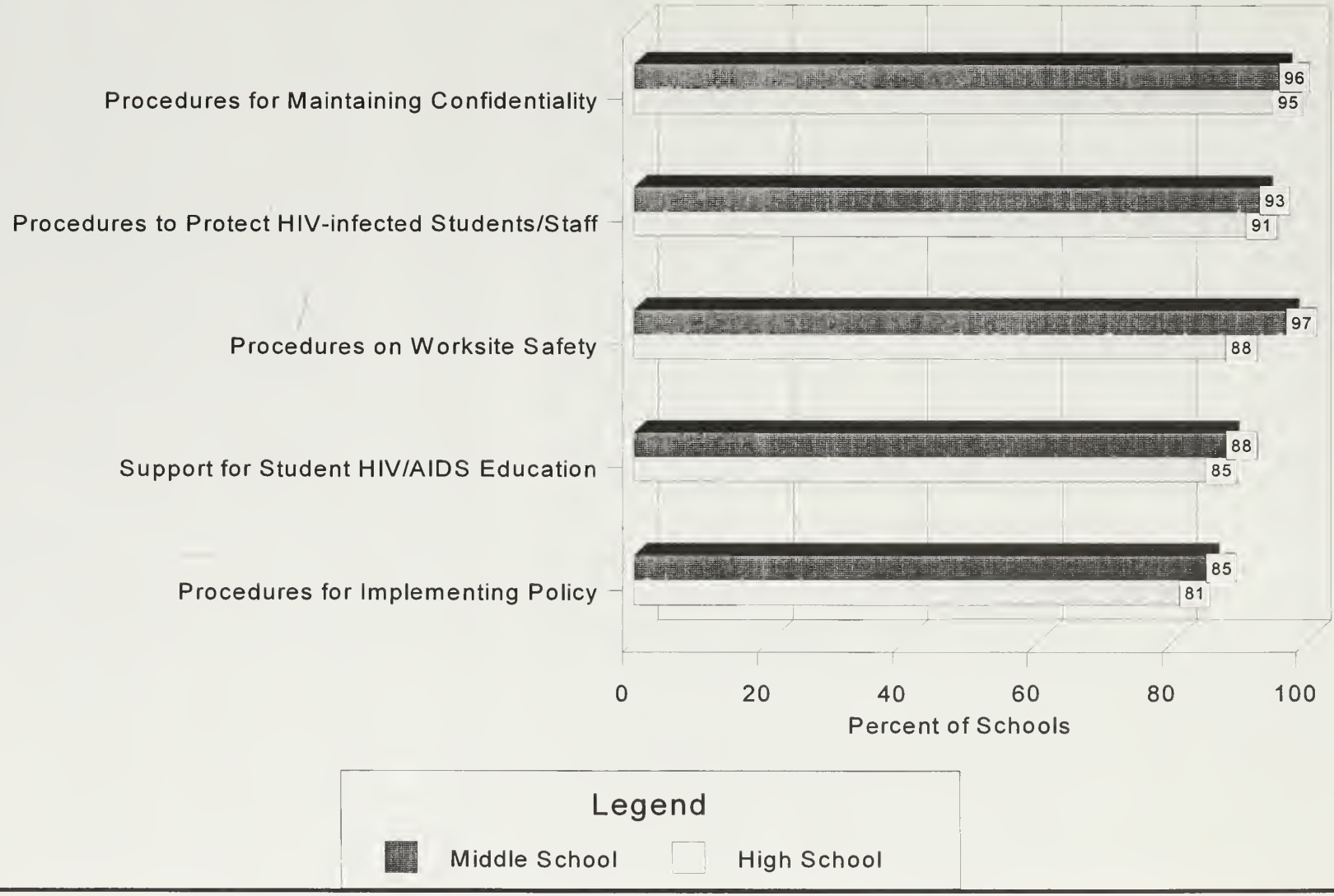


Figure 2

Issues Addressed in Adopted School Policy



SCHOOL HEALTH EDUCATION ORGANIZATION IN MONTANA

Overview

Successful educational programs have a system of organization provided by the school administration. This program organization determines the scope of courses and programs, and how they are coordinated and implemented by teachers. The teachers develop classes and programs which impact knowledge, attitude and behavior. The effective and adequate implementation of this component leads to students with critical thinking skills regarding the personal and social responsibility for health for themselves and their community.

CDC Rationale

The following items relate to the rationale for **organizational** questions asked of **school principals** in the 1996 School Health Education Survey:

- *The extent to which elective health education courses are offered in lieu of a requirement for health education or in addition to a required course is an important measurement of the commitment of local school districts to health education.*

- *A key element of school health education is management and coordination of the program by a professional who is trained in health education (National Commission on the Role of the School and the Community in Improving Adolescent Health, 1989).*

- *The achievement of national health objective 18.10 (to increase to at least 95 percent the proportion of schools that have age-appropriate HIV education curricula for students in 4th through 12th grade) should be an important goal of all local school health education programs.*

- *The extent to which schools provide opportunities for students to attend health education classes that are comparable in size to other academic subjects and the extent to which elective courses are used in place of or to supplement required health education is another important measure of a district's commitment to quality comprehensive school health education.*

- *A documented, planned, and sequential program of health education for students is a key element of school health education (Allensworth and Kolbe, 1987; National Association of School Boards of Education, 1989). The School*

Health Education Evaluation Study found that full implementation of planned curriculum was linked directly to changes in students' attitudes and behaviors (Connell, Turner, and Mason, 1985).

The rationale for **organizational** questions asked of **lead health educators** in the 1996 School Health Education Survey are highlighted in the following statements:

- *The extent to which classroom health education is reinforced by other activities in the school setting also is an important measurement of resource commitment to health education. While an integrated, comprehensive classroom approach to health education is crucial, the reinforcement of messages about healthy behavior is enhanced by multiple learning opportunities outside the classroom (Allensworth, 1993).*

- *The use of peer educators is an effective tool in health education (Allensworth, 1993). As a part of health education, peer educators may address attitudes and model behaviors in a manner that is more acceptable to students.*

- *Measurement of the prevalence of risk behaviors that constitute the leading causes of morbidity and mortality for youth: (1) behaviors that result in unintentional and intentional injuries, (2) tobacco use, (3) alcohol and other drug use, (4) sexual behaviors that result in sexually transmitted diseases, HIV, or unintended pregnancies, (5) dietary behaviors, and (6) physical activity (Kolbe, 1993). These questions measure how these topics are addressed in health education and will help monitor progress in achieving the following national health objectives:*

  2.19 *Increase to at least 75 percent the proportion of the nation's schools that provide nutrition education from preschool through 12th grade, preferably as part of quality school health education;*

  3.10 *Establish tobacco-free environments and include tobacco use prevention in the curricula of all elementary, middle, and secondary schools, preferably as part of quality school health education;*

  4.13 *Provide to children in all school districts and private schools primary and secondary school educational programs on alcohol and other drugs, preferably as part of quality school health education;*

  5.8 *Increase to at least 85 percent the proportion of people aged 10 to 18 who have discussed human sexuality, including values surrounding sexuality, with their parents and/or have received information through another parental endorsed source, such as youth, school, or religious programs;*

7.16 *Increase to at least 50 percent the proportion of elementary and secondary schools that teach nonviolent conflict resolution skills, preferably as part of quality school health education;*

9.18 *Provide academic instruction on injury prevention and control, preferably as part of quality school health education, in at least 50 percent of public school systems (grades K through 12);*

18.10 *Increase to at least 95 percent the proportion of schools that have age-appropriate HIV education curricula for students in 4th through 12th grade, preferably as part of quality school health education;*

19.12 *Include instruction in sexually transmitted disease transmission prevention in the curricula of all middle and secondary schools, preferably as part of quality school health education.*

- *In addition, the achievement of National Education Goal 6, which states that by the year 2000, every school in America will be free of drugs and violence, will offer a disciplined environment conducive to learning. Furthermore, monitoring the American Cancer Society's Measures of Success in Comprehensive School Health Education for tobacco education and nutrition education will also contribute to measuring a learning environment.*

- *Results from the national Youth Risk Behavior Survey indicate that high school students are at risk for HIV infection through their sexual behavior and drug use (MMWR, Dec 18, 1992). The need for effective HIV education is recognized in national health objective 18.10, which calls for increasing to at least 95 percent the proportion of schools that have age-appropriate HIV education curricula for students in 4th to 12th grade, preferably as part of quality school health education (U.S. Department of Health and Human Services, 1990).*

1996 Montana Survey Results

Organizational highlights of the 1996 Montana School Health Education Profile Survey are presented in Table 3 (High Schools) and Table 4 (Middle Schools). The organization of school health education in Montana is featured by the following characteristics:

- School health education teachers are responsible for coordination of health education in 52 percent of Montana high schools and 57 percent of Montana middle schools (Figure 3).

- Fourteen percent of Montana high schools and 15 percent of middle schools use trained peer educators. Of those schools that use trained peer educators, two-thirds use peer educators for health education courses.
- Most often taught skills to increase healthy behaviors were resisting social pressures for unhealthy behaviors, decision making, communication, and goal setting skills.
- Most popular health education topics taught in Montana high schools and middle schools were resisting social pressures for unhealthy behaviors, decision making skills, communication, and goal setting (Figure 4).
- Major topics taught to increase student's knowledge about healthy behaviors include alcohol, drug and tobacco use prevention, dietary behavior, and HIV and injury prevention.
- School curriculum, guidelines, and framework are required in three-fourths of Montana high schools and middle schools.
- Most popular materials used by teachers for required health education courses were newspapers and magazines, teacher-developed lesson plans, and audiovisual materials.
- HIV/AIDS education is required for students in 76 percent of Montana high schools and 80 percent of Montana middle schools.
- Nine of 10 Montana high schools and middle schools teach HIV/AIDS education as part of a required health education course.

TABLE 3
MONTANA HIGH SCHOOL HEALTH EDUCATION - ORGANIZATION PROFILE

Profile Characteristic	High School Organization
Do you use trained peer educators?	Fourteen percent of the responding high schools indicate that they use peer educators. Health education and other classes, and discussion or support groups were cited as being the most often used method for using peer educators.
Coordination of health education?	School health education teachers are responsible for coordinating health education in 52 percent of Montana high schools. Fourteen percent of high schools have no health education coordinator.
In what subjects is required HIV/AIDS education taught and in what grades?	Required HIV/AIDS education units or lessons are mostly taught in high school health education classes (98 percent of schools). The lessons are taught about equally in 9th and 10th grades (90 percent each). Thirty-six percent of the schools that teach required HIV /AIDS reported teaching the units in the 12th grade.
Materials required in health education courses in Montana high schools?	Seventy-eight percent of Montana high schools require school curriculum, guidelines, or framework . Sixty-four percent of Montana high schools require district curriculum, guidelines, or framework, while 55 percent require state curriculum, guidelines, or framework.
What other materials are used in required health education courses?	Newspapers and magazines, teacher-developed lesson plans, and audiovisual materials were the most often mentioned additional materials used in required health education courses in Montana high schools.
On what topics do you teach to increase student's knowledge about healthy behaviors?	Alcohol, drug and tobacco use prevention, physical activity, HIV prevention, personal health, and STD prevention were the most often mentioned topics.
On what topics do you teach to improve students' attitudes toward healthy behaviors?	Alcohol, drug and tobacco use prevention, physical activity and fitness, personal health, and STD and HIV prevention were the most often mentioned topics.
What skills do you teach to increase healthy behaviors?	Resisting social pressure for unhealthy behaviors, decision making, communication, and goal setting were the most often mentioned skills taught in required health education courses.
Is HIV/AIDS education taught as part of a required health education course?	Ninety-one percent of Montana high schools teach HIV/AIDS prevention as part of required health education.
What HIV/AIDS topics were most often taught as part of required health education?	Most often mentioned topics taught in required health education courses were basic facts about HIV/AIDS, how HIV is and is not transmitted, how HIV affects the immune system, unhealthy behaviors that promote the transmission of HIV, and the influence of alcohol and other drugs on HIV infection.
What issues make teaching about HIV/AIDS difficult ?	Most often mentioned issues were other demands of class time, insufficient teaching materials, parental concern, low student interest, and large class sizes.

TABLE 4
MONTANA MIDDLE SCHOOL HEALTH EDUCATION - ORGANIZATION PROFILE

Profile Characteristic	Middle School Organization
Do you use trained peer educators?	Fifteen percent of the responding middle schools indicate that they use peer educators. Discussion groups, conflict resolution or mediation sessions, health education courses, and assembly programs were cited as being the most often used setting for using peer educators.
Coordination of health education?	School health education teachers are responsible for coordinating health education in 57 percent of Montana middle schools. Eight percent of middle schools have no health education coordinator.
In what subjects is required HIV/AIDS education taught and in what grades?	Required HIV/AIDS education units or lessons are mostly taught in middle school health education classes (95 percent of schools). The lessons are taught about equally in 7th and 8th grades (91 percent). Seventy-three percent of the schools that teach required HIV/AIDS reported teaching the units in the 6th grade.
Materials required in health education courses in Montana middle schools?	Seventy-nine percent of Montana middle schools require school curriculum, guidelines, or framework. Seventy-three percent of Montana middle schools require district curriculum, guidelines, or framework, while 54 percent require state curriculum, guidelines, or framework.
What other materials are used in required health education courses?	Newspapers and magazines, teacher-developed lesson plans, and audiovisual materials were the most often mentioned additional materials used in required health education courses in Montana middle schools.
On what topics do you teach to increase students' knowledge about healthy behaviors?	Alcohol, drug and tobacco use prevention, physical activity, HIV prevention, personal health, and human sexuality were the most often mentioned topics.
On what topics do you teach to improve student's attitudes toward healthy behaviors?	Alcohol, drug and tobacco use prevention, physical activity and fitness, growth and development, dietary behaviors, disease prevention and control, emotional and mental health, and personal health were the most often mentioned topics.
What skills do you teach to increase healthy behaviors?	Resisting social pressure for unhealthy behaviors, decision making, communication, and goal setting were the most often mentioned skills taught in required health education courses.
Is HIV/AIDS education taught as part of a required health education course?	Eighty-nine percent of Montana middle schools teach HIV/AIDS prevention as part of required health education.
What HIV/AIDS topics were most often taught as part of required health education?	Most often mentioned topics taught in required health education courses were basic facts about HIV/AIDS, how HIV is and is not transmitted, how HIV affects the immune system, unhealthy behaviors that promote the transmission of HIV, and the influence of alcohol and other drugs on HIV infection.
What issues make teaching about HIV/AIDS difficult ?	Most often mentioned issues were other demands of class time, insufficient teaching materials, parental concern, low student interest, and large class sizes.

Figure 3

Montana Health Education Organization Profile

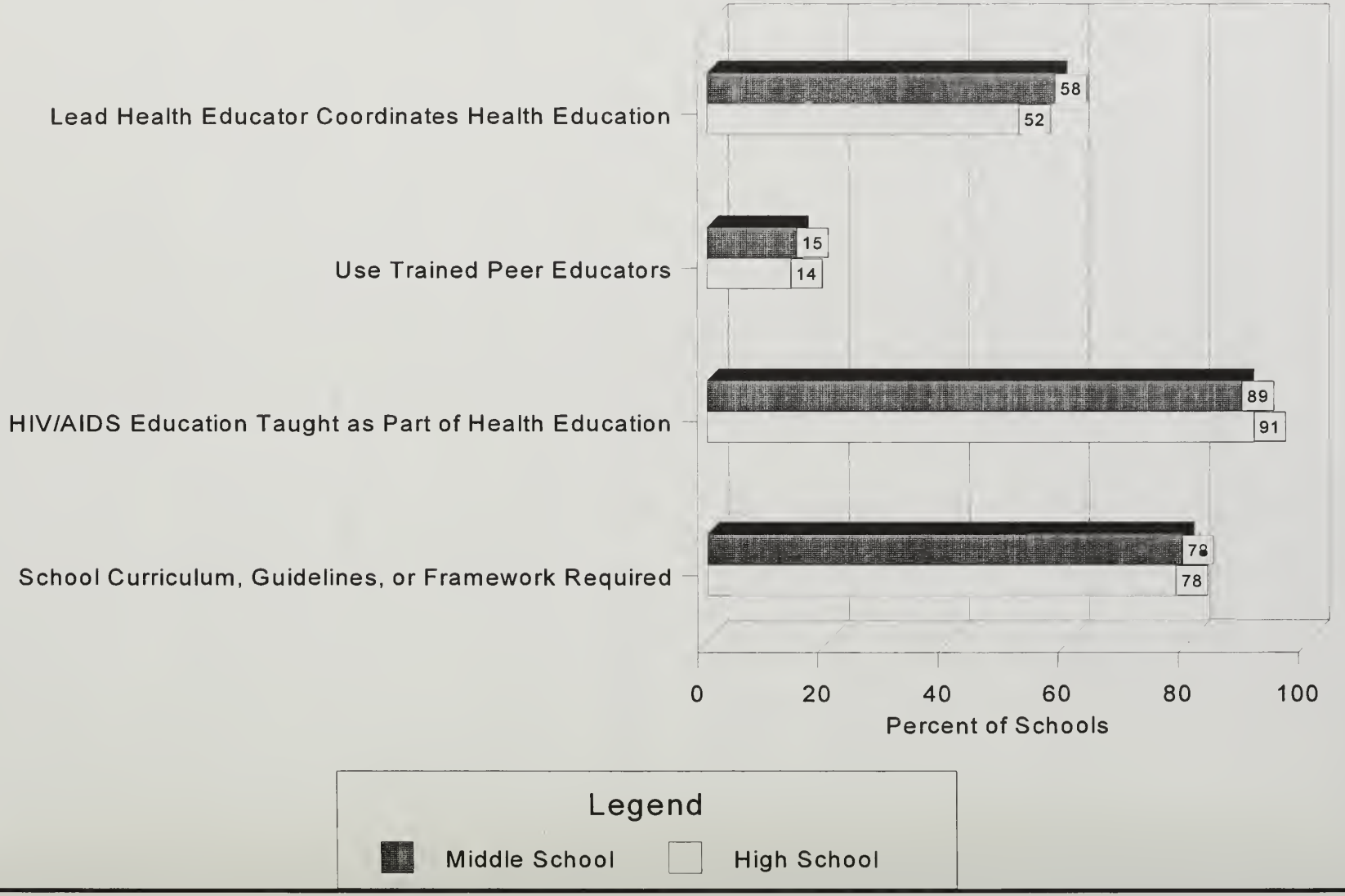
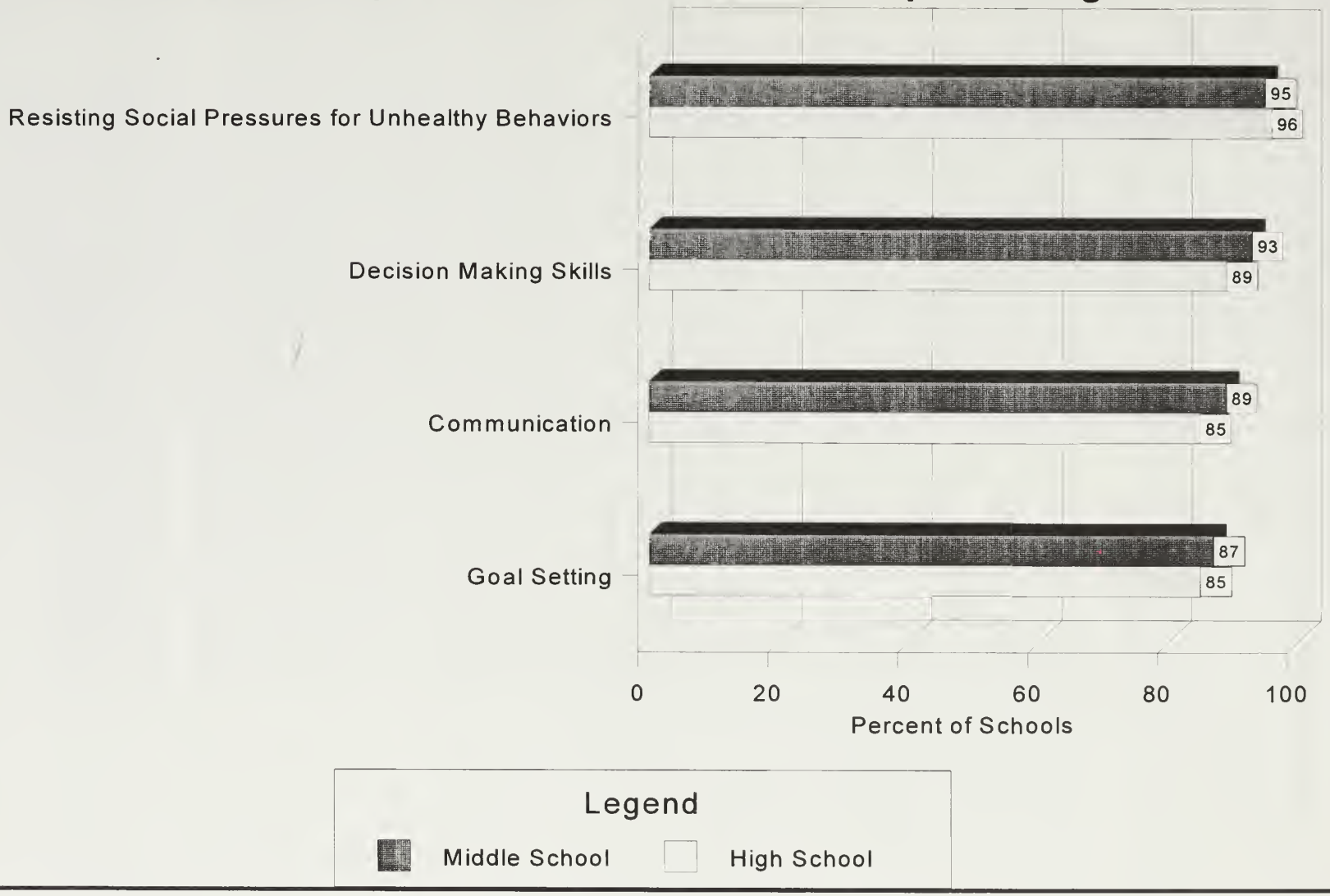


Figure 4

Most Popular Health Education Topics Taught



SCHOOL HEALTH EDUCATION SUPPORT IN MONTANA

Overview

Successful educational programs have a base of support which includes school administration, parents and community-based agencies and organizations. This system of support provides continuity for the program, ensures cooperation and collaboration between the school and other health-related resources, and enhances a consistent health message for youth from a variety of sources.

CDC Rationale

The following items relate to the rationale for **support** questions asked of **school principals** in the 1996 School Health Education Survey:

- *Continuing education in areas congruent with curriculum and student needs is a key element of quality school health education curriculum. The School Health Education Evaluation Study found that appropriate inservice training enhanced the implementation and effectiveness of health education (Connell, Turner and Mason, 1985).*

- *Awareness of content that parents find objectionable will help school administrators and health educators present health education in ways that will encourage their support. Parental involvement is a key element of school health programs (Kolbe, 1993).*

- *The extent to which schools are providing selected components of comprehensive school health programs: health education, health services, healthy school environment, psychological counseling and social services, food service, physical education and activity, and health promotion for faculty and staff is an important measure of local support of health education. Substantial reinforcement of health education messages outside the classroom will increase the effectiveness of classroom health education in reducing risk behaviors (Allensworth, 1993).*

- *Educational activities for parents help facilitate their support and commitment to HIV education. Additionally, educational programs for parents enable them to make informed contributions to students' HIV education and help ensure its appropriateness by parental standards.*

The rationale for **support** questions asked of **lead health educators** in the 1996 School Health Education Survey are highlighted in the following:

- *A key element of school health education is the involvement of parents, whose support is critical in providing students with multiple exposure to consistent messages about health (Kolbe, 1993; Allensworth, 1993).*

- *The extent to which inservice training is being provided in critical areas of health education is an important aspect in supporting staff in health education. Effective implementation of school health education is linked directly to adequate teacher training programs. For example, the School Health Education Evaluation Study found that teacher training contributed to fidelity of program implementation and increased effectiveness of the curriculum (Connell, Turner, and Mason, 1985). School health education programs designed to decrease students' participation in risk behaviors require that teachers have appropriate training to develop and implement school health education curricula (Allensworth, 1993).*

- *Parents are a crucial source of information on the needs of their children, and parental involvement in health education is a source of further reinforcement for health behaviors (Kolbe, 1993; Allensworth, 1993). Therefore, awareness of the content areas that parents find objectionable will help school administrators and health educators more effectively present health education to parents in ways that will encourage their support. Additionally, incorporation of parental feedback into health education to better meet the needs of students also may result in greater parental support.*

- *Coordination of health education within individual schools and throughout districts will help ensure that a planned and sequential program of school health education is delivered to students. Planning within and among schools also indicates support for health education.*

- *The extent to which health education works cooperatively with the other components of school health: health services; healthy school environment; psychological counseling and social services; food service; physical education and physical activity; health promotion for faculty and staff; and integrated efforts of schools and communities to improve health is an important measure of the support for health staff (Allensworth and Kolbe, 1987; Kolbe, 1993).*

- *The health education teacher deals with sensitive topics and often may become aware of students' needs for a variety of related services. The extent to which health education teachers at the school level are resource persons for other related social and health services is an important measure of how health educators support other health services.*

1996 Montana Survey Results

Highlights of support for health education from the 1996 Montana School Health Education Profile Survey are presented in Table 5 (High Schools) and Table 6 (Middle Schools). The support of school health education in Montana is featured by the following characteristics:

- Nine of ten Montana high schools and middle schools offer support for inservice training or staff development. The most often mentioned support was providing substitute teachers during training (Figure 5).
- Over one-half of Montana high schools and middle schools reported receiving parental feedback about health education. Most parental feedback was described as positive in nature.
- Sixteen percent of Montana high schools and 24 percent of the middle schools reported inviting parents to attend classes on HIV prevention/AIDS education.
- The most often mentioned strategies for involving parents in health education were through homework assignments and sending materials home.
- First aid and cardiopulmonary resuscitation were the most often mentioned topics for inservice training among Montana lead health educators. Fifty-six percent of high school and 48 percent of middle school lead health educators had received inservice training on HIV/AIDS education.
- Only 25 percent of high school and 22 percent of middle school health educators have received training in tobacco use prevention. About one-half of the teachers indicated that they would like to receive training in tobacco use prevention.

- The most often mentioned barriers of teaching about HIV/AIDS education were other demands on time, insufficient teaching materials, and parental concerns (Figure 6).
- Only one percent of Montana high school health educators and five percent of middle school health educators mentioned insufficient administrative support as a barrier in teaching HIV/AIDS education. In addition, only three percent of high school health educators and seven percent of middle school health educators mentioned administrative restrictions as a barrier in teaching HIV/AIDS education.
- Parental feedback has caused 18 percent of high school and 17 percent of middle school teachers to limit coverage related to human sexuality. In addition, about 12 percent indicated that they had also limited coverage related to pregnancy prevention and reproductive health.

TABLE 5
MONTANA HIGH SCHOOL HEALTH EDUCATION - SUPPORT PROFILE

Profile Characteristic	High School Support
How does your high school support inservice training in health education for teachers?	The most often mentioned support for health education related inservice training or staff development was providing substitute teachers during training (93 percent). In addition, 73 percent of Montana high schools offer reimbursement for attending training, while 67 percent indicated that they offer stipends for inservice training.
How would you describe parental feedback about health education?	Fifty-one percent of Montana high schools reported receiving parental feedback about health education. School principals indicated that most of the feedback was positive in nature.
Does your high school provide HIV/AIDS education for parents?	Sixteen percent of Montana high schools invite parents to attend class on HIV/AIDS education. Twelve percent send HIV/AIDS education materials home, while 10 percent provide school programs on HIV/AIDS education for parents.
What strategies are employed to involve parents in required health education classes?	The most often used strategies are including parents in homework assignments, newsletters, and educational materials sent home. Thirty-three percent of high school health educators reported inviting parents to attend class.
Which topics have you received four or more hours of inservice training in the past two years?	First aid and cardiopulmonary resuscitation were the most often mentioned topics. Fifty-six percent of lead health educators indicated that they had received inservice training on HIV prevention, while only 25 percent had received training on tobacco use prevention in the last two years.
Which topics would you like to receive inservice training?	Most often mentioned topics include conflict resolution, HIV prevention, emotional and mental health, death and dying, human sexuality, STD prevention, and suicide prevention. Slightly over one-half (51 percent) of high school lead health educators indicated they would like to receive training in tobacco use prevention.
Has parental feedback caused teachers to expand certain topic areas in required health education courses?	Montana high school lead health educators indicated that parental feedback had caused them to expand topic areas in alcohol and drug use prevention (20 percent), sexual harassment (18 percent), HIV prevention (16 percent), STD prevention (13 percent), human sexuality (13 percent), dietary behaviors (11 percent), and tobacco use prevention (15 percent).
Has parental feedback caused teachers to limit certain topic areas in required health education courses?	Eighteen percent of Montana lead health educators indicated that parental feedback had caused them to limit coverage related to human sexuality. Twelve percent reported that they also limited pregnancy prevention and reproductive health due to parental feedback.

TABLE 6
MONTANA MIDDLE SCHOOL HEALTH EDUCATION - SUPPORT PROFILE

Profile Characteristic	Middle School Support
How does your middle school support inservice training in health education for teachers?	The most often mentioned support for health education related inservice training or staff development was providing substitute teachers during training (90 percent). In addition, 71 percent of Montana middle schools offer reimbursement for attending training, while 66 percent indicated that they offer stipends for inservice training.
How would you describe parental feedback about health education?	Fifty-six percent of Montana middle schools reported receiving parental feedback about health education. School principals indicated that most of the feedback was positive in nature.
Does your middle school provide HIV/AIDS education for parents?	Twenty-four percent of Montana middle schools invite parents to attend class on HIV/AIDS education. Twenty percent send HIV/AIDS education materials home, while 15 percent provide school programs on HIV/AIDS education for parents.
What strategies are employed to involve parents in required health education classes?	The most often used strategies are including parents in homework assignments, newsletters, and educational materials sent home. Thirty-five percent of middle school educators reported inviting parents to attend class.
Which topics have you received four or more hours of inservice training in the past two years?	First aid and cardiopulmonary resuscitation were the most often mentioned topics. Forty-eight percent of lead health educators indicated that they had received inservice training on HIV prevention, while only 22 percent had received training on tobacco use prevention.
Which topics would you like to receive inservice training?	Most often mentioned topics include conflict resolution, HIV prevention, emotional and mental health, death and dying, human sexuality, STD prevention, and suicide prevention. Nearly one-half (43 percent) of middle school lead health educators indicated they would like to receive training in tobacco use prevention.
Has parental feedback caused teachers to expand certain topic areas in required health education courses?	Montana lead health educators indicated that parental feedback had caused them to expand topic areas in alcohol and drug use prevention (20 percent), conflict resolution (22 percent), sexual harassment (21 percent), HIV prevention (20 percent), STD prevention (17 percent), human sexuality (19 percent), dietary behaviors (17 percent), and tobacco use prevention (18 percent).
Has parental feedback caused teachers to limit certain topic areas in required health education courses?	Seventeen percent of lead health educators indicated that parental feedback had caused them to limit coverage related to human sexuality. Fifteen percent reported that they also limited pregnancy prevention and reproductive health due to parental feedback.

Figure 5

Support for Health Education in Montana Schools

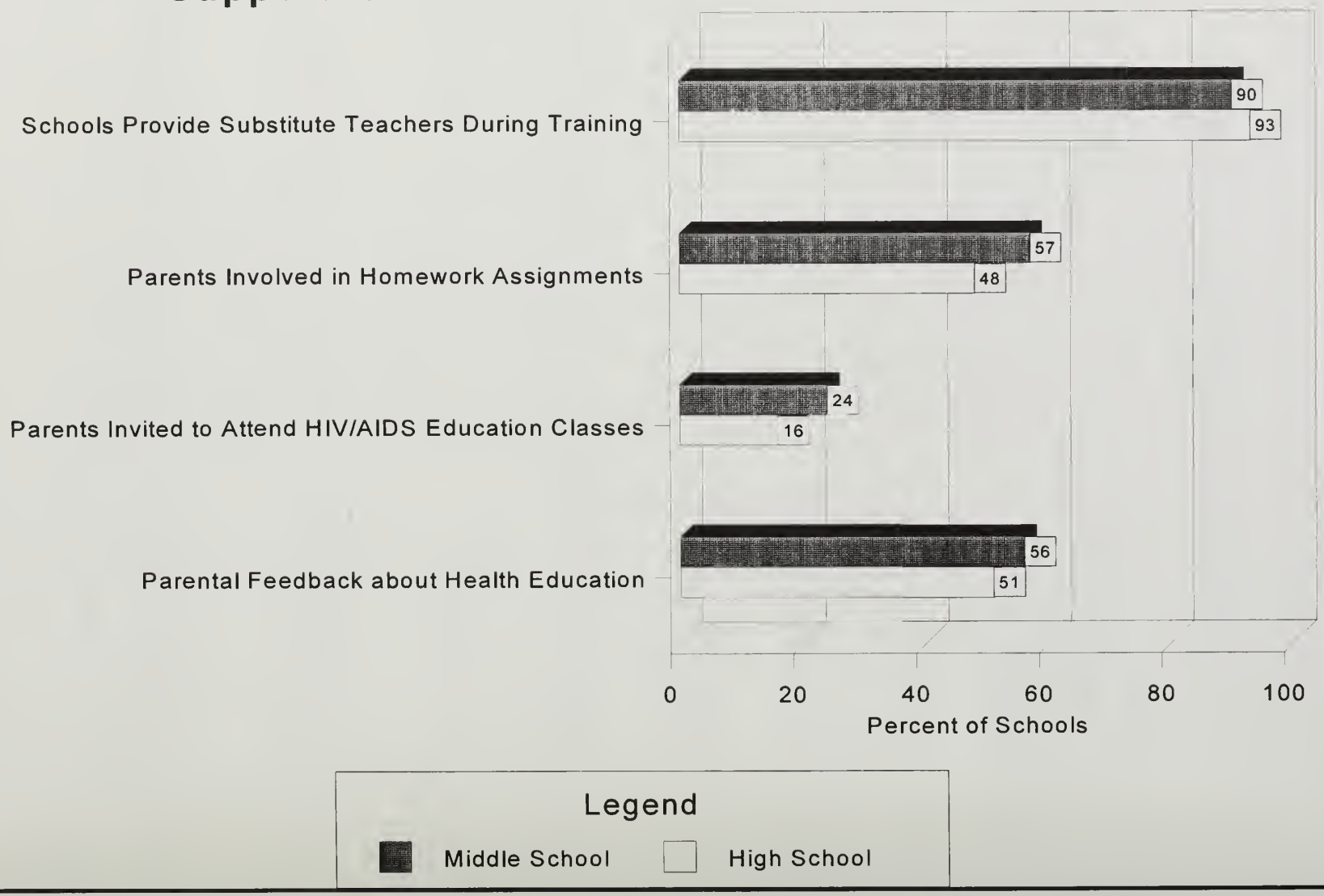
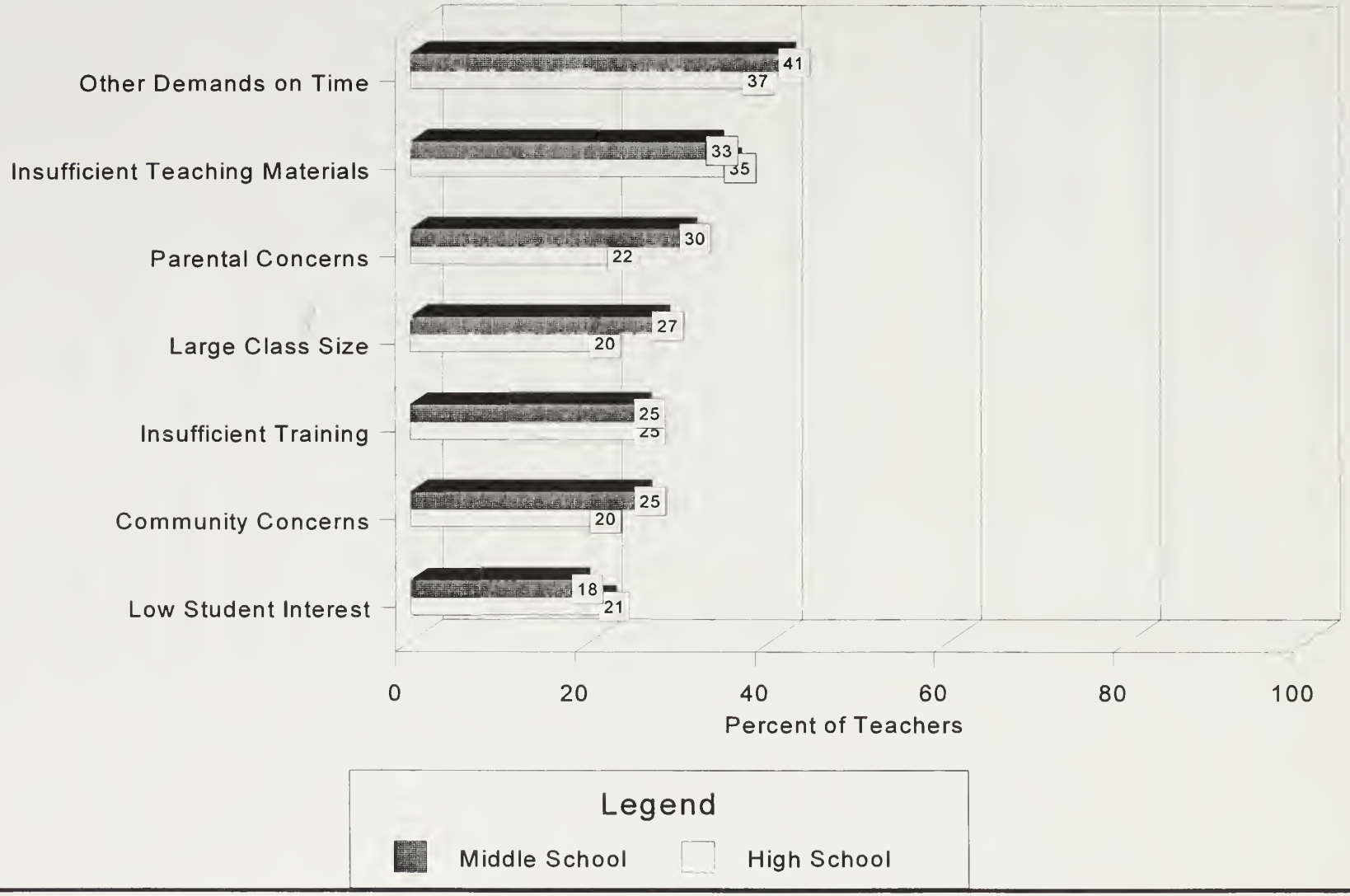


Figure 6

Barriers in Teaching HIV/AIDS Education



IV. CONCLUSIONS

Results of the 1996 School Health Education Survey indicate that:

- Most Montana high schools and middle schools teach required health education in conjunction with one other subject.
- The principal grades for teaching required health education are the 7th and 8th grades in middle schools and 9th and 10th grades in high school.
- About one-third of Montana high schools and middle schools require more than one year of health education.
- About one-half of Montana high schools and middle schools teach health education as a separate course.
- HIV/AIDS prevention education is required in 76 percent of Montana high schools and 80 percent of Montana middle schools. HIV/AIDS education is usually taught as part of a health education curriculum.
- About one in five Montana high schools and middle schools provide some type of HIV/AIDS education for parents. The most often mentioned method was inviting parents to attend class on HIV/AIDS education.
- Two-thirds of Montana high schools and middle schools have written policies for students and/or staff with HIV infection/AIDS. The most often mentioned policies included procedures for maintaining confidentiality and protection of students/staff from discrimination.
- Very few (15 percent) of Montana high schools or middle schools used trained peer educators.

- Twenty-five percent of Montana middle schools and 12 percent of Montana high schools have school advisory councils.
- About one-half of Montana high schools and middle schools receive parental feedback about health education. Most of the feedback was positive in nature.
- Over 90 percent of Montana high schools and middle schools provide support for health education inservice training. Support is usually provided in the form of substitute teachers during training and through reimbursements for training expenses.
- The most often mentioned health education topics taught to increase student knowledge were alcohol and drug prevention, tobacco use prevention, dietary behaviors, disease prevention and control, and physical activity.
- The most often mentioned health education topics taught to increase student skills were resisting social pressures for unhealthy behaviors (i.e., refusal skills) and decision making.
- Parental feedback has caused about one in five Montana teachers to expand coverage in alcohol and drug use prevention, conflict resolution, HIV prevention, and sexual harassment. About one in five teachers have restricted coverage of human sexuality due to parental feedback.

The survey data indicate that health enhancement is being taught as it is intended, that is, as an integrated curriculum (usually with one other subject). In addition, Montana middle schools and high schools require at least one or more years of health education and all high schools and most middle schools require health education for graduation.

Three-fourths of Montana middle schools and high schools require HIV/AIDS education as part of their curriculum. HIV/AIDS education is usually taught in conjunction with health education and most often in grade six through grade 10 in high school. A minority of high schools (about one-third) indicated that they taught HIV/AIDS education in the 11th grade and 12th grade. This most likely occurs because health education usually ends in the 10th grade. The most often mentioned topics related to HIV/AIDS education were basic facts about HIV/AIDS, how HIV is not transmitted, how HIV is transmitted, and reasons for choosing sexual abstinence.

About one-half of the schools indicated that they receive parental feedback about health education in their schools. According to school principals, most of the parental feedback was positive in nature. Lead health teachers also indicated that they had expanded their coverage of human sexuality topics, including HIV prevention, due to parental feedback. Most schools, however, provided little education or information to parents on HIV prevention or HIV/AIDS education. Core components of health enhancement are taught by health teachers or health and physical education teachers. In addition, supplemental components of health enhancement may be taught by home economics teachers, biology teachers, school nurses, or social studies teachers. Health topics are being taught in curriculum areas by teachers who, in all likelihood, were not teaching health prior to the integrated health enhancement concept.

Finally, the 1996 School Health Education Profile Survey indicated that nine of ten students in grades seven through ten are receiving education on HIV/AIDS prevention. However, many students are still at risk of HIV infection because they continue to practice health-risk behaviors that can expose them to HIV. According to the 1995 Youth Risk Behavior Survey,

nearly one-half (47 percent) of Montana high school youth have engaged in sexual intercourse. Fifty percent of these students had more than one partner in the three months prior to the survey and one in three used alcohol and drugs prior to sexual intercourse. In Montana, one-half of sexually active teenagers do not use a condom during intercourse. The potential for contracting HIV or other sexually transmitted diseases remains high, and efforts should continue to educate youth regarding the negative consequences of these and other high-risk behaviors.

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APPENDIX A

HIGH SCHOOL PRINCIPALS SURVEY RESULTS

1996 SCHOOL HEALTH EDUCATION PROFILE

Questionnaire for High School Principals

This questionnaire was administered to 145 high school principals in Montana during March of 1996. Responses may not total 145 due to nonresponse and percents may not total 100 percent due to rounding. Percents are weighted to reflect the likelihood of a high school principal being selected and to reduce bias by compensating for differing patterns of nonresponse.

Q-1 Are any of the following grades taught in this school? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. 9th	141	100.0%
b. 10th	143	100.0%
c. 11th	127	97.0%
d. 12th	126	97.0%

Q-2 Is health education required for students in any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	143	99.0%
b. No	2	1.0%

n = 145

Q-3 Is required health education taught in any of the following ways to students in grades 6 through 12 in this school? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Separate health education courses	49	52.0%
b. Courses divided between health education and one other subject (such as health education and physical education)	131	92.0%
c. Units or lessons in health education integrated into other subjects (such as home economics, biology, or other science, or physical education)	96	91.0%
d. Nonclassroom programs or activities	57	49.0%

n = 145

Q-4 Altogether, approximately how much required health education do students receive in grades 6 through 12 in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Less than ½ year	19	14.0%
b. ½ year	38	26.0%
c. 1 year	29	20.0%
d. 1 ½ years	17	12.0%
e. 2 years	19	13.0%
f. More than 2 years	21	15.0%

n = 143

Q-5 How many separate health education courses (not just health education units or lessons integrated into other subjects) are students required to take in grades 6 through 12 in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. No separate health education courses required	52	49.0%
b. 1 course	21	19.0%
c. 2 courses	20	18.0%
d. 3 courses	3	3.0%
e. 4 courses	7	7.0%
f. More than 4 courses	5	5.0%

n = 106

Q-6 Are required health education courses usually taught in any of the following grades in this school? (MARK YES , IF APPLICABLE.)

	Number	Percent
a. 9th	45	84.0%
b. 10th	46	82.0%
c. 11th	10	22.0%
d. 12th	10	22.0%

n = 54

Q-7 Is a health education course required for graduation or promotion from this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	55	98.0%
b. No	1	2.0%

n = 56

Q-8 If students fail a required health education course in this school, are they required to take the course again? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	52	94.0%
b. No	3	6.0%

n = 55

Q-9 Can students in this school be exempted or excused by parental request from all or parts of a required health education course? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	36	66.0%
b. No	19	34.0%

n = 55

Q-10 During this school year, approximately what percent of students in grades 6 through 12 were exempted or excused from any part of a required health education course by parental request? (MARK ONE RESPONSE.)

	Number	Percent
a. Less than 1%	30	86.0%
b. 1% to 5%	5	14.0%
c. 6% or more	0	0.0%
d. Don't know	0	0.0%

n = 35

Q-11 Who coordinates health education in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. No coordinator	19	14.0%
b. District health education coordinator	4	3.0%
c. District general curriculum coordinator	6	4.0%
d. Superintendent or other district coordinator	13	10.0%
e. Health education teacher	69	52.0%
f. Department chairperson	11	9.0%
g. School-based general curriculum coordinator	0	0.0%
h. Principal or other school administrator	12	8.0%
i. Outside consultant	0	0.0%
j. School nurse	0	0.0%

n = 145

Q-12 Does this school or district support health education-related inservice training or staff development in any of the following ways for health education teachers? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Provides stipend for attending training	54	41.0%
b. Provides reimbursement for training expenses	101	73.0%
c. Provides substitute teachers during training	132	93.0%
d. Offers inservice training at school or in district	90	67.0%

n = 132

Q-13 Does this school use trained peer educators in grades 6 through 12? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	19	14.0%
b. No	116	85.0%
c. Don't know	1	1.0%

n = 136

Q-14 Does this school use trained peer educators to help teach about health in grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Health education courses	11	64.0%
b. Courses other than health education	11	64.0%
c. Assembly programs	9	53.0%
d. Health fairs	4	28.0%
e. Discussion or support groups	10	62.0%
f. Conflict resolution or mediation sessions	8	53.0%

n = 17

Q-15 Does this school have a school health advisory council or other similar committee that meets on a regular basis to address policies or programs related to school health? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	16	12.0%
b. No	121	88.0%
c. Don't know	0	0.0%

n = 137

Q-16 Are any of the following groups of people represented on the school health advisory council? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Students	5	32.0%
b. Parents	13	78.0%
c. Teachers	15	94.0%
d. District or school administrators	16	94.0%
e. Food service staff	3	21.0%
f. School nurses	6	38.0%
g. Counselors	13	82.0%
h. School board members	10	64.0%
i. Public health department staff	5	32.0%
j. Business community	6	39.0%
k. Medical community	7	45.0%
l. Mental health community	2	13.0%
m. Churches or other religious organizations	6	39.0%
n. Community-based organizations	4	27.0%
o. Law enforcement organizations	5	32.0%
p. Other	1	7.0%

n = 19

Q-17 During this school year, how would you describe parental feedback about health education in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. No feedback received	70	49.0%
b. Mainly positive feedback	61	42.0%
c. Mainly negative feedback	3	2.0%
d. Equally balanced between positive and negative feedback	10	7.0%

n = 70

Q-18 Is HIV infection/AIDS education required for students in any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	104	76.0%
b. No	32	24.0%
	n = 136	

Q-19 Are required HIV/infection education units or lessons taught in any of the following courses in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Health education	103	98.0%
b. Biology or other science	47	61.0%
c. Mathematics	6	9.0%
d. Home economics	41	57.0%
e. Physical education	51	69.0%
f. Social studies or social sciences	12	17.0%
g. English or communication arts	2	3.0%
h. Family life education or life skills	43	59.0%
i. Special education	20	29.0%
	n = 103	

Q-20 Is required HIV infection/AIDS education usually taught in any of the following grades in this school? (MARK YES FOR EACH GRADE IN WHICH REQUIRED HIV/AIDS EDUCATION IS TAUGHT.)

	Number	Percent
a. 9th	90	89.0%
b. 10th	94	91.0%
c. 11th	29	32.0%
d. 12th	32	36.0%
	n = 103	

Q-21 During the school year, has this school provided HIV infection/AIDS education for parents in any of the following ways? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Sent educational materials to parents	17	12.0%
b. Sent letters or newsletters on HIV infection/AIDS to parents	11	8.0%
c. Provided school programs on HIV infection/AIDS for parents	14	10.0%
d. Invited parents to attend class on HIV infection/AIDS	22	16.0%

n = 22

Q-22 Does this school or district have a written policy on students and/or staff with HIV infection/AIDS? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	83	63.0%
b. No	49	37.0%

n = 132

Q-23 Are any of the following issues addressed in the written school or district policy on students and/or staff with HIV infection/AIDS? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Support for HIV infection/AIDS prevention education for students	72	85.0%
b. Support for HIV infection/AIDS prevention education for staff	66	79.0%
c. Procedures for evaluating the health status of HIV-infected students and school staff	56	69.0%
d. Procedures for maintaining confidentiality	80	95.0%
e. Procedures to protect HIV-infected students and school staff from discrimination	76	91.0%
f. A statement about the inappropriateness of routine testing of students and school staff for HIV infection	26	33.0%
g. Procedures for communicating the policy to students, school staff, and parents/guardians	62	74.0%
h. Procedures for implementing the policy	68	81.0%
i. Procedures on worksite safety (i.e., universal precautions) for all school staff	74	88.0%

n = 84

APPENDIX B

MIDDLE SCHOOL PRINCIPALS SURVEY RESULTS

1996 SCHOOL HEALTH EDUCATION PROFILE

Questionnaire for Middle School Principals

This questionnaire was administered to 137 middle school principals in Montana during March of 1996. Responses may not total 137 due to nonresponse and percentages may not total 100 percent due to rounding. Percentages are weighted to reflect the likelihood of a middle school principal being selected and to reduce bias by compensating for differing patterns of nonresponse.

Q-1 Are any of the following grades taught in this school? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. 6th	104	78.0%
b. 7th	134	96.0%
c. 8th	134	96.0%

Q-2 Is health education required for students in any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	131	95.0%
b. No	6	5.0%

n = 137

Q-3 Is required health education taught in any of the following ways to students in grades 6 through 12 in this school? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Separate health education courses	57	66.0%
b. Courses divided between health education and one other subject (such as health education and physical education)	120	90.0%
c. Units or lessons in health education integrated into other subjects (such as home economics, biology, or other science, or physical education)	101	93.0%
d. Nonclassroom programs or activities	50	44.0%

n = 137

Q-4 Altogether, approximately how much required health education do students receive in grades 6 through 12 in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Less than ½ year	37	26.0%
b. ½ year	33	25.0%
c. 1 year	19	14.0%
d. 1 ½ years	15	11.0%
e. 2 years	17	13.0%
f. More than 2 years	16	12.0%

n = 137

Q-5 How many separate health education courses (not just health education units or lessons integrated into other subjects) are students required to take in grades 6 through 12 in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. No separate health education courses required	38	42.0%
b. 1 course	25	27.0%
c. 2 courses	8	8.0%
d. 3 courses	13	14.0%
e. 4 courses	4	5.0%
f. More than 4 courses	4	5.0%

n = 137

Q-6 Are required health education courses usually taught in any of the following grades in this school? (MARK YES , IF APPLICABLE.)

	Number	Percent
a. 6th	33	77.0%
b. 7th	50	96.0%
c. 8th	47	89.0%

n = 54

Q-7 Is a health education course required for graduation or promotion from this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	35	63.0%
b. No	21	37.0%

n = 56

Q-8 If students fail a required health education course in this school, are they required to take the course again? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	16	29.0%
b. No	41	71.0%
	n = 57	

Q-9 Can students in this school be exempted or excused by parental request from all or parts of a required health education course? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	41	76.0%
b. No	13	24.0%
	n = 54	

Q-10 During this school year, approximately what percent of students in grades 6 through 12 were exempted or excused from any part of a required health education course by parental request? (MARK ONE RESPONSE.)

	Number	Percent
a. Less than 1%	38	91.0%
b. 1% to 5%	4	9.0%
c. 6% or more	0	0.0%
d. Don't know	0	0.0%
	n = 38	

Q-11 Who coordinates health education in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. No coordinator	10	8.0%
b. District health education coordinator	4	3.0%
c. District general curriculum coordinator	8	6.0%
d. Superintendent or other district coordinator	7	6.0%
e. Health education teacher	69	57.0%
f. Department chairperson	4	3.0%
g. School-based general curriculum coordinator	3	2.0%
h. Principal or other school administrator	17	13.0%
i. Outside consultant	0	0.0%
j. School nurse	3	2.0%

n = 137

Q-12 Does this school or district support health education-related inservice training or staff development in any of the following ways for health education teachers? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Provides stipend for attending training	47	38.0%
b. Provides reimbursement for training expenses	90	71.0%
c. Provides substitute teachers during training	118	90.0%
d. Offers inservice training at school or in district	86	66.0%

n = 137

Q-13 Does this school use trained peer educators in grades 6 through 12? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	19	15.0%
b. No	108	85.0%
c. Don't know	0	0.0%

n = 127

Q-14 Does this school use trained peer educators to help teach about health in grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Health education courses	14	74.0%
b. Courses other than health education	11	64.0%
c. Assembly programs	13	72.0%
d. Health fairs	8	46.0%
e. Discussion or support groups	17	95.0%
f. Conflict resolution or mediation sessions	15	88.0%

n = 20

Q-15 Does this school have a school health advisory council or other similar committee that meets on a regular basis to address policies or programs related to school health? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	34	25.0%
b. No	99	75.0%
c. Don't know	0	0.0%

n = 133

Q-16 Are any of the following groups of people represented on the school health advisory council? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Students	8	27.0%
b. Parents	30	92.0%
c. Teachers	34	97.0%
d. District or school administrators	32	94.0%
e. Food service staff	5	21.0%
f. School nurses	23	75.0%
g. Counselors	26	80.0%
h. School board members	21	68.0%
i. Public health department staff	15	53.0%
j. Business community	8	30.0%
k. Medical community	19	66.0%
l. Mental health community	7	25.0%
m. Churches or other religious organizations	15	51.0%
n. Community-based organizations	9	33.0%
o. Law enforcement organizations	5	22.0%
p. Other	3	14.0%

n = 34

Q-17 During this school year, how would you describe parental feedback about health education in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. No feedback received	58	44.0%
b. Mainly positive feedback	63	46.0%
c. Mainly negative feedback	0	0.0%
d. Equally balanced between positive and negative feedback	14	10.0%

n = 135

Q-18 Is HIV infection/AIDS education required for students in any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	106	80.0%
b. No	25	20.0%
	n = 131	

Q-19 Are required HIV/infection education units or lessons taught in any of the following courses in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Health education	97	95.0%
b. Biology or other science	46	59.0%
c. Mathematics	2	3.0%
d. Home economics	29	38.0%
e. Physical education	42	54.0%
f. Social studies or social sciences	7	9.0%
g. English or communication arts	1	2.0%
h. Family life education or life skills	31	40.0%
i. Special education	5	7.0%
	n = 97	

Q-20 Is required HIV infection/AIDS education usually taught in any of the following grades in this school? (MARK YES FOR EACH GRADE IN WHICH REQUIRED HIV/AIDS EDUCATION IS TAUGHT.)

	Number	Percent
a. 6th	59	73.0%
b. 7th	94	92.0%
c. 8th	91	91.0%
	n = 100	

Q-21 During the school year, has this school provided HIV infection/AIDS education for parents in any of the following ways? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Sent educational materials to parents	28	20.0%
b. Sent letters or newsletters on HIV infection/AIDS to parents	22	17.0%
c. Provided school programs on HIV infection/AIDS for parents	20	15.0%
d. Invited parents to attend class on HIV infection/AIDS	32	24.0%

n = 137

Q-22 Does this school or district have a written policy on students and/or staff with HIV infection/AIDS? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	81	65.0%
b. No	42	35.0%

n = 123

Q-23 Are any of the following issues addressed in the written school or district policy on students and/or staff with HIV infection/AIDS? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Support for HIV infection/AIDS prevention education for students	77	88.0%
b. Support for HIV infection/AIDS prevention education for staff	70	82.0%
c. Procedures for evaluating the health status of HIV-infected students and school staff	59	71.0%
d. Procedures for maintaining confidentiality	85	96.0%
e. Producers to protect HIV-infected students and school staff from discrimination	80	93.0%
f. A statement about the inappropriateness of routine testing of students and school staff for HIV infection	32	40.0%
g. Procedures for communicating the policy to students, school staff, and parents/guardians	68	82.0%
h. Procedures for implementing the policy	72	85.0%
i. Procedures on worksite safety (i.e., universal precautions) for all school staff	84	97.0%

n = 85

APPENDIX C

HIGH SCHOOL LEAD HEALTH TEACHERS SURVEY RESULTS

1996 SCHOOL HEALTH EDUCATION PROFILE

Questionnaire for High School Teachers

This questionnaire was administered to 140 high school lead health education teachers in Montana during March of 1996. Responses may not total 140 due to nonresponse and percentages may not total 100 percent due to rounding. Percentages are weighted to reflect the likelihood of a high school teacher being selected and to reduce bias by compensating for differing patterns of nonresponse.

Q-1 Is a health education course required for students in any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	138	99.0%
b. No	2	1.0%

n = 140

Q-2 Are teachers in this school required to use any of the following materials in required health education courses for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. State curriculum, guidelines, or framework for health education	75	55.0%
b. District curriculum, guidelines, or framework	89	64.0%
c. School curriculum, guidelines, or framework	108	78.0%
d. Commercially developed health education curricula	40	30.0%
e. Teacher's guide to student textbooks	53	39.0%

n = 140

Q-3 In addition to the required materials listed above, do teachers in this school use any of the following materials in required health education courses for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. State curriculum, guidelines, or framework for health education	46	33.0%
b. District curriculum, guidelines, or framework	13	10.0%
c. School curriculum, guidelines, or framework	13	9.0%
d. Commercially developed health education curricula	59	44.0%
e. Teacher's guides to student textbooks	59	43.0%
f. Newspapers and magazines	130	93.0%
g. Teacher-developed lesson plans	135	96.0%
h. Audiovisual materials	132	94.0%

n = 140

Q-4 During the school year, have teachers in this school used any of the following strategies to involve parents in required health education courses for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Sent educational materials home	45	31.0%
b. Included parents in homework assignments	68	48.0%
c. Sent letters or newsletters on health-related topics to parents	48	34.0%
d. Invited parents to be guest speakers on health-related topics	42	30.0%
e. Invited parents to attend health education class or health fairs	46	33.0%
f. Provided school programs on health-related topics for parents	21	15.0%
g. Included parents on the school health advisory council	31	22.0%
h. Participated in health education curriculum development or review	54	38.0%

n = 140

Q-5 During this school year, have teachers in this school tried to increase student knowledge on the following topics in required health education courses for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Alcohol and other drug use prevention	140	99.0%
b. Chronic diseases such as diabetes and asthma	101	72.0%
c. Community health	106	77.0%
d. Conflict resolution/violence prevention	104	75.0%
e. Consumer health	103	75.0%
f. Cardiopulmonary resuscitation	99	70.0%
g. Death and dying	66	47.0%
h. Dental and oral health	82	59.0%
i. Dietary behaviors and nutrition	129	91.0%
j. Disease prevention and control	128	91.0%
k. Emotional and mental health	116	82.0%
l. Environmental health	81	58.0%
m. First Aid	109	77.0%
n. Growth and development	113	81.0%
o. HIV prevention	134	95.0%
p. Human sexuality	113	81.0%
q. Injury prevention and safety	114	81.0%
r. Personal Health	132	94.0%
s. Physical activity and fitness	139	98.0%
t. Pregnancy prevention	104	74.0%
u. Reproductive health	104	74.0%
v. Sexual harassment	108	76.0%
w. Sexually transmitted disease (STD) prevention	128	92.0%
x. Suicide prevention	85	61.0%
y. Tobacco use prevention	134	94.0%

n = 140

Q-6 During this school year, have teachers in this school tried to improve student attitudes on the following topics in required health education courses for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Alcohol and other drug use prevention	138	99.0%
b. Chronic diseases such as diabetes and asthma	98	70.0%
c. Community health	101	73.0%
d. Conflict resolution/violence prevention	110	79.0%
e. Consumer health	100	72.0%
f. Cardiopulmonary resuscitation	100	71.0%
g. Death and dying	77	56.0%
h. Dental and oral health	85	62.0%
i. Dietary behaviors and nutrition	128	91.0%
j. Disease prevention and control	126	90.0%
k. Emotional and mental health	119	85.0%
l. Environmental health	88	63.0%
m. First Aid	110	80.0%
n. Growth and development	118	85.0%
o. HIV prevention	133	96.0%
p. Human sexuality	111	80.0%
q. Injury prevention and safety	116	83.0%
r. Personal Health	133	95.0%
s. Physical activity and fitness	138	98.0%
t. Pregnancy prevention	113	81.0%
u. Reproductive health	108	77.0%
v. Sexual harassment	114	81.0%
w. Sexually transmitted disease (STD) prevention	128	93.0%
x. Suicide prevention	95	69.0%
y. Tobacco use prevention	135	96.0%

n = 138

Q-7 During this school year, have teachers in this school taught any of the following skills in required health education courses for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Communication	119	85.0%
b. Decision making	126	89.0%
c. Goal setting	120	85.0%
d. Non-violent conflict resolution	104	75.0%
e. Resisting social pressure for unhealthy behaviors (i.e., refusal skills)	134	96.0%
f. Stress management	114	80.0%
g. Analysis of media messages	83	59.0%

n = 140

Q-8 During this school year, has parental feedback caused teachers in this school to expand coverage on any of the following topics in required health education courses for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Alcohol and other drug use prevention	29	20.0%
b. Chronic diseases such as diabetes and asthma	11	8.0%
c. Community health	9	7.0%
d. Conflict resolution/violence prevention	22	5.0%
e. Consumer health	5	4.0%
f. Cardiopulmonary resuscitation	13	9.0%
g. Death and dying	10	7.0%
h. Dental and oral health	4	3.0%
i. Dietary behaviors and nutrition	16	11.0%
j. Disease prevention and control	12	8.0%
k. Emotional and mental health	12	8.0%
l. Environmental health	5	4.0%
m. First Aid	15	11.0%
n. Growth and development	8	6.0%
o. HIV prevention	23	16.0%
p. Human sexuality	19	13.0%
q. Injury prevention and safety	6	4.0%
r. Personal Health	10	8.0%
s. Physical activity and fitness	13	9.0%
t. Pregnancy prevention	19	13.0%
u. Reproductive health	13	9.0%
v. Sexual harassment	26	18.0%
w. Sexually transmitted disease (STD) prevention	18	13.0%
x. Suicide prevention	9	6.0%
y. Tobacco use prevention	22	15.0%

n = 140

Q-9 During this school year, has parental feedback caused teachers in this school to limit coverage on any of the following topics in required health education courses for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Alcohol and other drug use prevention	0	0.0%
b. Chronic diseases such as diabetes and asthma	0	0.0%
c. Community health	0	0.0%
d. Conflict resolution/violence prevention	0	0.0%
e. Consumer health	0	0.0%
f. Cardiopulmonary resuscitation	0	0.0%
g. Death and dying	0	0.0%
h. Dental and oral health	0	0.0%
i. Dietary behaviors and nutrition	0	0.0%
j. Disease prevention and control	0	0.0%
k. Emotional and mental health	0	0.0%
l. Environmental health	0	0.0%
m. First Aid	0	0.0%
n. Growth and development	3	2.0%
o. HIV prevention	13	9.0%
p. Human sexuality	25	18.0%
q. Injury prevention and safety	0	0.0%
r. Personal Health	0	0.0%
s. Physical activity and fitness	0	0.0%
t. Pregnancy prevention	17	12.0%
u. Reproductive health	15	11.0%
v. Sexual harassment	2	2.0%
w. Sexually transmitted disease (STD) prevention	13	9.0%
x. Suicide prevention	1	1.0%
y. Tobacco use prevention	0	0.0%

n = 140

Q-10 During this school year, have health education teachers in this school planned or coordinated health-related projects or activities with members of any of the following groups (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Physical education teachers	116	81.0%
b. Other subject area teachers	70	50.0%
c. School food service	18	13.0%
d. School health services	52	37.0%
e. School counseling or psychological services	64	45.0%
f. Local law enforcement	70	50.0%
g. PTA/PTO	5	4.0%
h. Voluntary health organizations	51	37.0%
i. Local health department	52	36.0%
j. Local hospital	35	24.0%

n = 140

Q-11 Is HIV infection/AIDS taught as part of required health education course(s) for students in any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	122	91.0%
b. No	12	9.0%

n = 134

Q-12 During this school year, did teachers in this school teach about the following topics in required health education course(s) for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Basic facts about HIV infection/AIDS	122	99.0%
b. How HIV is and is not transmitted	122	99.0%
c. How HIV affects the immune system	121	98.0%
d. Disease progression of AIDS	115	93.0%
e. Needle-sharing behaviors that transmit HIV infection	118	96.0%
f. Sexual behaviors that transmit HIV infection	115	94.0%
g. Reasons for choosing sexual abstinence	117	95.0%
h. Correct use of condoms	56	46.0%
i. Condom efficiency/how well condoms work	94	76.0%
j. Influence of alcohol and other drugs on HIV infection risk behaviors	115	93.0%
k. Statistics on adolescent death and disability related to HIV infection/AIDS	97	78.0%
l. Group attitudes (social norms) toward risk behaviors related to HIV infection	96	78.0%
m. Statistics on the risk behaviors related to HIV infection among adolescents and adults	101	81.0%
n. Information on HIV testing and counseling	100	81.0%
o. Compassion and support for persons living with HIV infection/AIDS	87	71.0%
p. Perceptions of risk for HIV infection/ AIDS	108	88.0%
q. Societal impact of HIV infection/AIDS	105	86.0%

n = 140

Q-13 Do you teach about HIV infection/AIDS as part of required health education course(s) for students in any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	109	97.0%
b. No	4	3.0%

n = 113

Q-14 Do any of the following issues make teaching about HIV infection/AIDS difficult for you? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Insufficient training	29	25.0%
b. Insufficient teaching materials	40	35.0%
c. Large class size	24	20.0%
d. Coed classes	21	18.0%
e. Uncomfortable teaching about HIV risk behaviors	9	8.0%
f. Other demands on class time	43	37.0%
g. Parental concern or opposition	25	22.0%
h. Community concern or opposition	21	18.0%
i. Insufficient administrative support	1	1.0%
j. Administrative restrictions	3	3.0%
k. Low student interest or enthusiasm	25	21.0%

n = 140

Q-15 During the past two years, have you received four or more hours (at least ½ day) of inservice training on any of the following health education topics? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Alcohol and other drug use prevention	51	37.0%
b. Chronic diseases such as diabetes and asthma	13	10.0%
c. Community health	20	14.0%
d. Conflict resolution/violence prevention	42	30.0%
e. Consumer health	17	12.0%
f. Cardiopulmonary resuscitation	96	69.0%
g. Death and dying	16	12.0%
h. Dental and oral health	12	9.0%
i. Dietary behaviors and nutrition	41	29.0%
j. Disease prevention and control	41	29.0%
k. Emotional and mental health	25	18.0%
l. Environmental health	9	7.0%
m. First Aid	94	68.0%
n. Growth and development	20	14.0%
o. HIV prevention	79	56.0%
p. Human sexuality	28	19.0%
q. Injury prevention and safety	47	34.0%
r. Personal Health	27	20.0%
s. Physical activity and fitness	68	49.0%
t. Pregnancy prevention	17	12.0%
u. Reproductive health	14	10.0%
v. Sexual harassment	79	57.0%
w. Sexually transmitted disease (STD) prevention	45	32.0%
x. Suicide prevention	23	17.0%
y. Tobacco use prevention	35	25.0%

n = 140

Q-16 On which of the following health education topics would you like to receive inservice training? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Alcohol and other drug use prevention	69	52.0%
b. Chronic diseases such as diabetes and asthma	57	42.0%
c. Community health	45	33.0%
d. Conflict resolution/violence prevention	91	66.0%
e. Consumer health	47	35.0%
f. Cardiopulmonary resuscitation	52	39.0%
g. Death and dying	74	55.0%
h. Dental and oral health	29	22.0%
i. Dietary behaviors and nutrition	68	51.0%
j. Disease prevention and control	64	48.0%
k. Emotional and mental health	77	56.0%
l. Environmental health	49	36.0%
m. First Aid	56	42.0%
n. Growth and development	41	31.0%
o. HIV prevention	81	61.0%
p. Human sexuality	71	53.0%
q. Injury prevention and safety	55	41.0%
r. Personal Health	58	44.0%
s. Physical activity and fitness	61	46.0%
t. Pregnancy prevention	60	45.0%
u. Reproductive health	59	44.0%
v. Sexual harassment	70	52.0%
w. Sexually transmitted disease (STD) prevention	82	62.0%
x. Suicide prevention	91	67.0%
y. Tobacco use prevention	67	51.0%

n = 140

Q-17 What is your primary position in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Health education and physical education teacher	79	62.0%
b. Health education teacher	9	7.0%
c. Physical education teacher	15	12.0%
d. Biology or other science teacher	3	3.0%
e. Home economics or family and consumer education teacher	2	2.0%
f. Family life education or life skills teacher	0	0.0%
g. School counselor	5	4.0%
h. School Nurse	1	1.0%
i. Coach	0	0.0%
j. Curriculum coordinator	0	0.0%
k. Other	12	10.0%

n = 140

Q-18 Do you teach a required health education course for any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	130	97.0%
b. No	4	3.0%

n = 134

Q-19 Does your state education agency offer certification or endorsement for health education teachers in the grades you now teach? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	121	89.0%
b. No	3	2.0%
c. Don't know	12	9.0%

n = 136

Q-20 Are you currently certified or endorsed by your state education agency to teach health education in the grades you now teach? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	118	97.0%
b. No	3	3.0%
	n = 121	

Q-21 What was the major emphasis of your professional preparation? (MARK ONE RESPONSE.)

	Number	Percent
a. Health education and physical education	65	49.0%
b. Health education	1	1.0%
c. Physical education	34	26.0%
d. Biology or other science	1	1.0%
e. Home economics or family and consumer education	3	2.0%
f. Counseling	5	4.0%
g. Nursing	1	1.0%
h. Elementary education	3	3.0%
i. Other	18	14.0%
	n = 65	

Q-22 Including this school year, how many years have you been teaching health education? (MARK ONE RESPONSE.)

	Number	Percent
a. 1 year	15	11.0%
b. 2 to 5 years	30	22.0%
c. 6 to 9 years	25	18.0%
d. 10 to 14 years	21	15.0%
e. 15 years or more	49	34.0%
	n = 49	

Q-23 Including this school year, how many total years of overall teaching experience have you had? (MARK ONE RESPONSE.)

	Number	Percent
a. 1 year	9	7.0%
b. 2 to 5 years	20	14.0%
c. 6 to 9 years	18	13.0%
d. 10 to 14 years	20	14.0%
e. 15 years or more	74	52.0%

n = 74

APPENDIX D

MIDDLE SCHOOL LEAD HEALTH TEACHERS SURVEY RESULTS

1996 SCHOOL HEALTH EDUCATION PROFILE

Questionnaire for Middle School Teachers

This questionnaire was administered to 136 middle school lead health education teachers in Montana during March of 1996. Responses may not total 136 due to nonresponse and percentages may not total 100 percent due to rounding. Percentages are weighted to reflect the likelihood of a middle school teacher being selected and to reduce bias by compensating for differing patterns of nonresponse.

Q-1 Is a health education course required for students in any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	132	97.0%
b. No	4	3.0%

n = 136

Q-2 Are teachers in this school required to use any of the following materials in required health education courses for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. State curriculum, guidelines, or framework for health education	73	54.0%
b. District curriculum, guidelines, or framework	99	73.0%
c. School curriculum, guidelines, or framework	106	79.0%
d. Commercially developed health education curricula	40	32.0%
e. Teacher's guide to student textbooks	53	40.0%

n = 136

Q-3 In addition to the required materials listed above, do teachers in this school use any of the following materials in required health education courses for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. State curriculum, guidelines, or framework for health education	37	28.0%
b. District curriculum, guidelines, or framework	12	9.0%
c. School curriculum, guidelines, or framework	11	8.0%
d. Commercially developed health education curricula	59	44.0%
e. Teacher's guides to student textbooks	51	38.0%
f. Newspapers and magazines	129	95.0%
g. Teacher-developed lesson plans	133	98.0%
h. Audiovisual materials	127	94.0%

n = 136

Q-4 During the school year, have teachers in this school used any of the following strategies to involve parents in required health education courses for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Sent educational materials to parents	61	45.0%
b. Included parents in homework assignments	77	57.0%
c. Sent letters or newsletters on health-related topics to parents	61	46.0%
d. Invited parents to be guest speakers on health-related topics	50	38.0%
e. Invited parents to attend health education class or health fairs	47	35.0%
f. Provided school programs on health-related topics for parents	37	28.0%
g. Included parents on the school health advisory council	35	27.0%
h. Participated in health education curriculum development or review	55	40.0%

n = 136

Q-5 During this school year, have teachers in this school tried to increase student knowledge on the following topics in required health education courses for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Alcohol and other drug use prevention	134	98.0%
b. Chronic diseases such as diabetes and asthma	93	67.0%
c. Community health	105	77.0%
d. Conflict resolution/violence prevention	109	79.0%
e. Consumer health	106	78.0%
f. Cardiopulmonary resuscitation	86	62.0%
g. Death and dying	66	48.0%
h. Dental and oral health	93	68.0%
i. Dietary behaviors and nutrition	131	95.0%
j. Disease prevention and control	129	94.0%
k. Emotional and mental health	117	85.0%
l. Environmental health	90	66.0%
m. First Aid	108	80.0%
n. Growth and development	124	90.0%
o. HIV prevention	130	95.0%
p. Human sexuality	118	86.0%
q. Injury prevention and safety	116	84.0%
r. Personal Health	129	93.0%
s. Physical activity and fitness	131	96.0%
t. Pregnancy prevention	93	68.0%
u. Reproductive health	109	79.0%
v. Sexual harassment	108	78.0%
w. Sexually transmitted disease (STD) prevention	114	83.0%
x. Suicide prevention	76	56.0%
y. Tobacco use prevention	133	96.0%

n = 136

Q-6 During this school year, have teachers in this school tried to improve student attitudes on the following topics in required health education courses for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Alcohol and other drug use prevention	136	99.0%
b. Chronic diseases such as diabetes and asthma	95	70.0%
c. Community health	104	77.0%
d. Conflict resolution/violence prevention	116	85.0%
e. Consumer health	103	74.0%
f. Cardiopulmonary resuscitation	89	65.0%
g. Death and dying	75	54.0%
h. Dental and oral health	92	68.0%
i. Dietary behaviors and nutrition	134	97.0%
j. Disease prevention and control	123	90.0%
k. Emotional and mental health	123	90.0%
l. Environmental health	93	69.0%
m. First Aid	105	78.0%
n. Growth and development	125	91.0%
o. HIV prevention	130	95.0%
p. Human sexuality	120	87.0%
q. Injury prevention and safety	116	84.0%
r. Personal Health	132	95.0%
s. Physical activity and fitness	135	98.0%
t. Pregnancy prevention	97	71.0%
u. Reproductive health	108	79.0%
v. Sexual harassment	113	82.0%
w. Sexually transmitted disease (STD) prevention	115	83.0%
x. Suicide prevention	88	65.0%
y. Tobacco use prevention	132	97.0%

n = 136

Q-7 During this school year, have teachers in this school taught any of the following skills in required health education courses for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Communication	123	89.0%
b. Decision making	127	93.0%
c. Goal setting	119	87.0%
d. Non-violent conflict resolution	108	79.0%
e. Resisting social pressure for unhealthy behaviors (i.e., refusal skills)	130	95.0%
f. Stress management	110	80.0%
g. Analysis of media messages	90	66.0%

n = 136

Q-8 During this school year, has parental feedback caused teachers in this school to expand coverage on any of the following topics in required health education courses for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Alcohol and other drug use prevention	27	20.0%
b. Chronic diseases such as diabetes and asthma	11	8.0%
c. Community health	12	9.0%
d. Conflict resolution/violence prevention	30	22.0%
e. Consumer health	5	4.0%
f. Cardiopulmonary resuscitation	13	10.0%
g. Death and dying	12	9.0%
h. Dental and oral health	7	5.0%
i. Dietary behaviors and nutrition	23	17.0%
j. Disease prevention and control	13	10.0%
k. Emotional and mental health	12	9.0%
l. Environmental health	9	7.0%
m. First Aid	15	12.0%
n. Growth and development	13	10.0%
o. HIV prevention	27	20.0%
p. Human sexuality	26	19.0%
q. Injury prevention and safety	15	11.0%
r. Personal Health	15	11.0%
s. Physical activity and fitness	20	15.0%
t. Pregnancy prevention	19	14.0%
u. Reproductive health	14	10.0%
v. Sexual harassment	28	21.0%
w. Sexually transmitted disease (STD) prevention	22	17.0%
x. Suicide prevention	14	11.0%
y. Tobacco use prevention	24	18.0%

n = 136

Q-9 During this school year, has parental feedback caused teachers in this school to limit coverage on any of the following topics in required health education courses for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Alcohol and other drug use prevention	1	1.0%
b. Chronic diseases such as diabetes and asthma	1	1.0%
c. Community health	1	1.0%
d. Conflict resolution/violence prevention	1	1.0%
e. Consumer health	1	1.0%
f. Cardiopulmonary resuscitation	2	1.0%
g. Death and dying	2	1.0%
h. Dental and oral health	1	1.0%
i. Dietary behaviors and nutrition	2	1.0%
j. Disease prevention and control	2	1.0%
k. Emotional and mental health	2	1.0%
l. Environmental health	1	1.0%
m. First Aid	2	1.0%
n. Growth and development	7	5.0%
o. HIV prevention	15	11.0%
p. Human sexuality	23	17.0%
q. Injury prevention and safety	1	1.0%
r. Personal Health	2	1.0%
s. Physical activity and fitness	1	1.0%
t. Pregnancy prevention	20	15.0%
u. Reproductive health	21	15.0%
v. Sexual harassment	5	4.0%
w. Sexually transmitted disease (STD) prevention	17	13.0%
x. Suicide prevention	3	2.0%
y. Tobacco use prevention	1	1.0%

n = 136

Q-10 During this school year, have health education teachers in this school planned or coordinated health-related projects or activities with members of any of the following groups (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Physical education teachers	114	83.0%
b. Other subject area teachers	89	65.0%
c. School food service	26	19.0%
d. School health services	54	39.0%
e. School counseling or psychological services	83	60.0%
f. Local law enforcement	74	54.0%
g. PTA/PTO	25	18.0%
h. Voluntary health organizations	39	29.0%
i. Local health department	45	32.0%
j. Local hospital	28	20.0%

n = 136

Q-11 Is HIV infection/AIDS taught as part of required health education course(s) for students in any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	117	89.0%
b. No	14	11.0%

n = 131

Q-12 During this school year, did teachers in this school teach about the following topics in required health education course(s) for students in any of grades 6 through 12? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Basic facts about HIV infection/AIDS	118	98.0%
b. How HIV is and is not transmitted	118	98.0%
c. How HIV affects the immune system	114	96.0%
d. Disease progression of AIDS	103	86.0%
e. Needle-sharing behaviors that transmit HIV infection	112	94.0%
f. Sexual behaviors that transmit HIV infection	109	90.0%
g. Reasons for choosing sexual abstinence	112	93.0%
h. Correct use of condoms	41	34.0%
i. Condom efficiency/how well condoms work	74	61.0%
j. Influence of alcohol and other drugs on HIV infection risk behaviors	110	92.0%
k. Statistics on adolescent death and disability related to HIV infection/AIDS	90	75.0%
l. Group attitudes (social norms) toward risk behaviors related to HIV infection	98	83.0%
m. Statistics on the risk behaviors related to HIV infection among adolescents and adults	95	79.0%
n. Information on HIV testing and counseling	91	75.0%
o. Compassion and support for persons living with HIV infection/AIDS	81	69.0%
p. Perceptions of risk for HIV infection/ AIDS	102	86.0%
q. Societal impact of HIV infection/AIDS	94	79.0%

n = 120

Q-13 Do you teach about HIV infection/AIDS as part of required health education course(s) for students in any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	105	96.0%
b. No	4	4.0%

n = 109

Q-14 Do any of the following issues make teaching about HIV infection/AIDS difficult for you? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Insufficient training	28	25.0%
b. Insufficient teaching materials	37	33.0%
c. Large class size	32	27.0%
d. Coed classes	19	17.0%
e. Uncomfortable teaching about HIV risk behaviors	9	8.0%
f. Other demands on class time	47	41.0%
g. Parental concern or opposition	35	30.0%
h. Community concern or opposition	29	25.0%
i. Insufficient administrative support	6	5.0%
j. Administrative restrictions	8	7.0%
k. Low student interest or enthusiasm	20	18.0%

n = 136

Q-15 During the past two years, have you received four or more hours (at least ½ day) of inservice training on any of the following health education topics? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Alcohol and other drug use prevention	50	37.0%
b. Chronic diseases such as diabetes and asthma	11	8.0%
c. Community health	16	12.0%
d. Conflict resolution/violence prevention	47	34.0%
e. Consumer health	19	15.0%
f. Cardiopulmonary resuscitation	93	70.0%
g. Death and dying	9	7.0%
h. Dental and oral health	7	5.0%
i. Dietary behaviors and nutrition	34	25.0%
j. Disease prevention and control	37	27.0%
k. Emotional and mental health	29	22.0%
l. Environmental health	12	9.0%
m. First Aid	94	70.0%
n. Growth and development	23	17.0%
o. HIV prevention	65	48.0%
p. Human sexuality	29	22.0%
q. Injury prevention and safety	36	27.0%
r. Personal Health	24	18.0%
s. Physical activity and fitness	55	40.0%
t. Pregnancy prevention	14	10.0%
u. Reproductive health	15	11.0%
v. Sexual harassment	61	45.0%
w. Sexually transmitted disease (STD) prevention	38	29.0%
x. Suicide prevention	24	18.0%
y. Tobacco use prevention	30	22.0%

n = 136

Q-16 On which of the following health education topics would you like to receive inservice training? (MARK YES, IF APPLICABLE.)

	Number	Percent
a. Alcohol and other drug use prevention	59	45.0%
b. Chronic diseases such as diabetes and asthma	62	48.0%
c. Community health	47	37.0%
d. Conflict resolution/violence prevention	91	70.0%
e. Consumer health	46	36.0%
f. Cardiopulmonary resuscitation	47	37.0%
g. Death and dying	70	55.0%
h. Dental and oral health	29	23.0%
i. Dietary behaviors and nutrition	67	52.0%
j. Disease prevention and control	58	46.0%
k. Emotional and mental health	71	55.0%
l. Environmental health	50	39.0%
m. First Aid	57	46.0%
n. Growth and development	46	36.0%
o. HIV prevention	72	56.0%
p. Human sexuality	64	50.0%
q. Injury prevention and safety	50	40.0%
r. Personal Health	55	43.0%
s. Physical activity and fitness	59	47.0%
t. Pregnancy prevention	51	40.0%
u. Reproductive health	50	39.0%
v. Sexual harassment	62	48.0%
w. Sexually transmitted disease (STD) prevention	64	50.0%
x. Suicide prevention	83	66.0%
y. Tobacco use prevention	56	43.0%

n = 136

Q-17 What is your primary position in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Health education and physical education teacher	69	57.0%
b. Health education teacher	11	8.0%
c. Physical education teacher	9	7.0%
d. Biology or other science teacher	5	4.0%
e. Home economics or family and consumer education teacher	4	4.0%
f. Family life education or life skills teacher	1	1.0%
g. School counselor	10	8.0%
h. School Nurse	2	2.0%
i. Coach	0	0.0%
j. Curriculum coordinator	0	0.0%
k. Other	10	9.0%

n = 136

Q-18 Do you teach a required health education course for any of grades 6 through 12 in this school? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	124	95.0%
b. No	7	5.0%

n = 131

Q-19 Does your state education agency offer certification or endorsement for health education teachers in the grades you now teach? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	108	82.0%
b. No	3	2.0%
c. Don't know	20	16.0%

n = 131

Q-20 Are you currently certified or endorsed by your state education agency to teach health education in the grades you now teach? (MARK ONE RESPONSE.)

	Number	Percent
a. Yes	100	94.0%
b. No	6	6.0%

n = 106

Q-21 What was the major emphasis of your professional preparation? (MARK ONE RESPONSE.)

	Number	Percent
a. Health education and physical education	63	49.0%
b. Health education	1	1.0%
c. Physical education	23	18.0%
d. Biology or other science	4	3.0%
e. Home economics or family and consumer education	8	7.0%
f. Counseling	7	6.0%
g. Nursing	1	1.0%
h. Elementary education	13	11.0%
i. Other	6	5.0%

n = 136

Q-22 Including this school year, how many years have you been teaching health education? (MARK ONE RESPONSE.)

	Number	Percent
a. 1 year	14	11.0%
b. 2 to 5 years	30	22.0%
c. 6 to 9 years	26	19.0%
d. 10 to 14 years	25	18.0%
e. 15 years or more	42	30.0%

n = 136

Q-23 Including this school year, how many total years of overall teaching experience have you had? (MARK ONE RESPONSE.)

	Number	Percent
a. 1 year	3	2.0%
b. 2 to 5 years	18	13.0%
c. 6 to 9 years	28	21.0%
d. 10 to 14 years	22	16.0%
e. 15 years or more	66	47.0%

n = 136